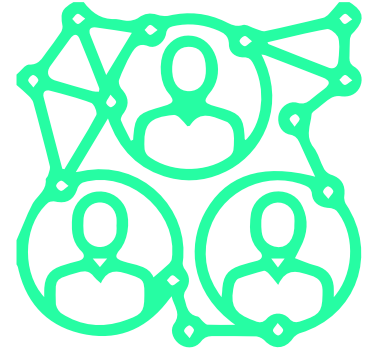


Crypto 3.0:



Collective Knowledge Protocol & Proof of Brain (PoB)

The crypto world is supported by a network that has revolutionized the world for at least the last 10 years. This network, Blockchain, as its name indicates, is a chain of blocks where transactions that are validated in nodes are recorded. These transactions are unalterable because they have codes (hash) that link them to what are called proofs of work or Proof of Work (PoW) as its name indicates in English. Every time a market agent, for example, acquires or sends a Bitcoin or its fraction, Satoshi, from his digital wallet to another, that transaction is recorded in the Blockchain network through the interaction of Nodes or interconnected computer networks. That is, these Nodes contribute their computational power to "mine" by solving complex algorithms. When the systems deliver the results, the transaction is registered in the Blockchain network and as compensation, they receive a fractional unit of Bitcoin, depending on the number of resolutions and contributions from their nodes, they have delivered.

This mining and compensation mechanism worked efficiently until the number of miners (miners) and the number of Bitcoins and other crypto to be mined, came together at a saturation point. It became more and more necessary to put more computing power into operation to obtain less and less amount of crypto tokens. This generates consequences such as the following:

- Increase in the price of inputs and equipment (hardware) necessary to be able to mine, due to exponential competition between node administrators.



- Increase electrical consumption geometrically, forcing miners to use high-cost cooling and heat dissipation technologies. This created a spiral of increased mining costs that drove smaller operators out of the market, concentrating production on large players, which called into question the decentralized and democratic philosophy that was intended to be given to the crypto world in general and to Bitcoin. particularly from the beginning.

- It produced a negative confidence bias in the theoretical support of Bitcoin, which explains the fall in its valuation from a maximum of almost USD 68,789 in December 2021 to its current price of USD 19,483 at the time of writing these pages. It can be said that, in relative terms, for those who entered this market during the past year, their capital suffered a loss of 70%.

- A significant issue is the cost of transactions. This has been even more evident in the case of Ethereum, a network in which the price Average commissions skyrocketed 1,360% from early June to early 2022, from just \$2.80 to \$40.19.

- Each transaction that is registered in the Bitcoin or Etherscan network (on which the transactions of the ERC20 tokens and all its variations are processed, among the main ones, Ether) must process a greater number of mathematical problems posed to validate them, so it also , their costs and the time required to confirm them increased. For example, the sending from one digital wallet to another in Bitcoin can take up to more than an hour while those of Ether, from 20 to 30 minutes.

This generated the appearance of lower transactional price alternatives such as Solana, Polygon, Avalanche, Cardano and others.

What underlies the analysis is that there is a natural congestion in each of the networks due to its difficulty of scaling based on the Proof of Work. A solution to this problem was the development of the validation mechanism called **Proof of Stake or proof of participation.**

Proof of Stake: the EVOLUTION



As a solution to the inconveniences generated by the use of the Proof of Work for the validation of the transactions, the administrators of the Etherscan network created in the year 2011, the Proof of Stake system. This is based on the use of software instead of hardware (which has a positive impact from the environmental point of view), reduces the cost and transaction times. Mining is done by acquiring less expensive shares of crypto that can be processed by easily accessible software. Those who accumulate (stake) a greater amount of crypto, have a higher chance of registering validation blocks in the network and receiving rewards in the same crypto. This, while significantly speeding up transactions, may cause those with greater financial capacity to “hog” more registrations and again, undermine the concept of decentralization implicit in the crypto world.

In the month of September 2022, the MERGE (union) of the PoW and PoS system on the Etherscan network was announced, as the EVOLUTION of the validation and reward mechanism for miners, in search of making transactional processes more efficient. The immediate positive effect has not yet occurred and it is expected that in stages, the optimal operation of the PoS will be reached within the next 24 months.



POW

Proof of Work

- Requires Lots of Energy
- Miners validators



POS

Proof of Stake

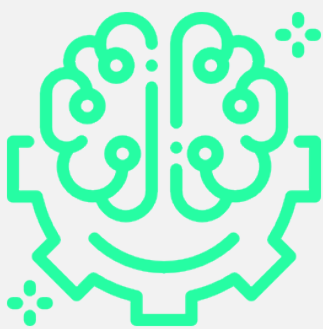
- Less Carbon Footprint
- Aleatory validators

The conclusion is that both PoW and PoS have pros and cons that, from one place or another, create questions rather than certainties regarding the growth and potential of cryptocurrencies and decentralized tokens in the future.

the REVOLUTION

Proof of Brain

Proof of Brain is nothing more than using the most powerful data processing and information accumulation power in the world, which is the human brain. In this way, each person in the world can pass, if they choose, a validation NODE.



This concept, together with the transaction validation mechanisms on the blockchain network, led us to devise the possibility of connecting our brains to a digital platform (Datium) so that, through the interaction of users answering questions generated by artificial intelligence and in turn, creating questions that can feed back to the miners, who get as a reward, a unit crypto account (\$MDCx, an acronym for Medicalx). In this way, the Proof of Brain was born together with the creation of a database of organic exponential growth and simultaneously starting the era of the Collective Knowledge Protocol.

In other words, the Datium/MDCx ecosystem has the potential to put into operation the largest validation NODE network on the planet: 7,600 million human beings sharing information and verifying the quality of each transaction, receiving cryptocurrency as a reward for their activity mined.

Why are the Proof of Brain and the Collective Knowledge Protocol the “killer application” in the crypto and blockchain economy?

The brain test linked to the collective knowledge network for transaction validation and reward mechanism for those who participate in the network (miners) has the following outstanding characteristics:

–*Unlimited scalability.*

The Proof of Brain does not require the acquisition of hardware or software to be able to mine and obtain rewards in crypto. The information processing and accumulation “engine” is found in each human being that connects to Datium and participates in it. The growth capacity of the database, particularly in the healthcare industry, is literally geometric and almost infinite. We expect Datium to reach a total of 100 million data (questions and answers) from health professionals (doctors, nurses, technical and administrative assistants, etc.) and patients. These data, through the application of Big Data software, will be converted into information that, in turn, by implementing scientific data analysis systems (Data Science) will produce the necessary knowledge for critical decision-making by the economic agents of the industry and the governments. It will be these who at the beginning, acquiring with \$MDCx the information produced by Datium, together with the associated networks that accept \$MDCx as a means of payment and the investors that identify \$MDCx as an investment vehicle (evaluating the growth of its value). as the Datium database expands), give rise to the supply and demand dynamics of the currency.



Eventually, we hope \$MDCx will become the mainstream payment method in the healthcare industry and thus complete the value cycle of the information generated by the ecosystem that uses the Collective Knowledge Protocol and the Proof of Brain Validation System.

-ZERO environmental impact.

The PoB provides energy (brain electrical pulses) to the validation network (answers to Datium questions), does not consume it. The miner must not acquire any hardware (which pollutes) nor must he connect it to the electrical network.

Datium/MDCx is a biotechnological conception that for the first time combines crypto technology (blockchain and validation protocols) as a means of data extraction. Since its inception, the ecosystem is designed in order to avoid the use of polluting materials and reduce the impact on the environment to a minimum.

Datium/MDCx will make a dynamic calculation of the carbon footprint caused and will compensate it through the acquisition of green bonds to neutralize the use of the system.

-Monetization of Information

The concept of the Collective Knowledge Protocol involves using the information stored in human brains as a tool for organic knowledge production. For this to happen, the agents (miners) that connect to Datium must have a clear and precise motivation. This is what MDCx was designed for. MDCx is the unit that represents the value of the data contributed by the miners. Every time one of them answers or asks a question for others, they receive as a reward a certain number of MDCx that is accumulated in their digital wallets opened for that purpose.

The MDCx can be accumulated (stake), transacted on the exchange platforms where it is published (defi exchanges) or used in the consumer networks of health products and services, validating its function as a means of payment.

It can then be said that MDCx is a monetized knowledge unit (UCM). The UCM is divisible in fractions of 1000, so $1 \text{ MDCx} = 1000 \text{ UCM}$. There is a direct correlation between the value of MDCx and FIAT coins. For today's case, in the private pre-sale series, 1 MDCx is equivalent to USD 27.31.

For the launch of the public series, \$MDCx will have an equivalence of 1 \$MDCx = 1 USD (see \$MDCx Tokenomics WhitePaper).



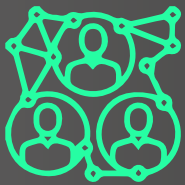
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-Interoperability.

The Collective Knowledge Protocol and the means of crypto compensation through Proof of Brain have the ability to be implemented in any type of activity and be interconnected with each other, allowing miners to use the crypto obtained by their function as validation NODE in a network in another that uses the same protocol.

Conclusion



The combination of the Collective Knowledge Protocol with the Proof of Brain Validation System and \$MDCx as a means of compensation for mining, makes the Datium/MDCx ecosystem the new development paradigm of the crypto-blockchain economy. Its initial use in the health sector allows for rapid growth and expansion of use by its users and participating agents, but we understand that due to its power and simplicity, in a short time it will be of standard use for all human activities and industries related to information and its use as a critical decision mechanism.

MDCx.finance

Financial Structure



Class B Private Series

- USD 100 Million equivalent in MDCx issued and published on Uniswap September 2020
- Published value: 1 MDCx/ USD 27.31
- Assigned to date: USD 10 Million equivalent in MDCx
- The value per unit of MDCx measured in USD is fixed and is not exposed to market fluctuations to avoid speculative attacks and thus protect the capital committed in the repayment contracts of AVT/Odyssey clients

Public Series A Class

USD 1,000 Million equivalent in \$MDCx will be issued and published in DeFi exchanges as:

Uniswap (v3)

DODO.

PancakeSwap (v2)

Curve (Ethereum)

Uniswap (Polygon)

Kwenta.

Uniswap (v2)

Balancer.

- 5% will be put up for public sale: USD 50 Million equivalent in \$MDCx
- From the above, swaps will be distributed by Private Series (A) as follows:
 - 1% will be allocated to Swap by holders of Private Series corresponding to AVT/Odyssey (0.75% out of total monetary base)
 - 6% telemedicine platform (0.30% out of total monetary base)
 - 30% acquisition of healthcare financial service providers (1.50% out of total monetary base)
 - 20% development of Datium business model (1.00% out of total monetary base)
 - 10% distribution for founders (0.50% out of total monetary base)
 - 19% applied to marketing and merchandising (0.95% out of total monetary base)
 - 95% of the issued volume remains as a reserve for future placements and support of the Staking Pools.



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Investments Pools

Investment vehicles are enabled:



Private Series Class B

- Official start of pre-sale November 1, 2022
- Investors will be granted a 20% Price premium on the purchase of MDCx (\$MDCx 1.2 of Public Series for each MDCx of Private Series) during the months of September, October and November

Private Series Class A

On December 1 at 12AM, the Publica \$MDCx series will be officially published in the selected exchanges and the swapping process between MDCx and \$MDCx will begin.

- Buyers of \$MDCx will have the following placement options
 - To be fully positioned in \$MDCx to follow the evolution of the "mother" currency that correlates its value with the development of the Datium business model. In this model, access fees or withdraw are not charged.
 - Access to Investor Pools

Datium/MDCx Investment Vehicles

- Staking Pool 60 days: 650% APY
- Staking Pool 90 days: 700% APY
- Staking Pool 180 days: 750% APY
- Staking Pool 365 days: 800% APY
- Daily Staking Pool: 500% APY (2% daily deposits)



Valuation Control Mechanism \$MDCx

The XiloCoin will be issued for the Daily Staking Pool. The \$MDCx/XiloCoin pair will allow devaluing the value of the accrued interest amounts in \$MDCx on the invested capital.



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Entry and Exit Fees

Access Fee: **15%**

Withdraw Fee: **15%**

Airdrop Policy

- Follow an account on social networks. :
USD 500 equivalent in \$MDCx
- Share or retweet one of your posts, including hashtags: \$1,000 equivalent in \$MDCx
- Send or receive a transaction (using a particular cryptographic platform or wallet):
USD 1,000 equivalent in \$MDCx
- Create an account and register to receive updates: USD 5,000 equivalent in \$MDCx.

Trading Contest

A trading contest will be launched with a prize of USD 10,000 equivalent in \$MDCx.

Lottery

A lottery will be implemented where those who have weekly balances of \$MDCx greater than the equivalent of USD 50,000, will be able to win double \$MDCx.

Roadmap



**NOV 1st
2022**

Private Serie Pre-Sale
Official Launching Worldwide

**DEC 1st
2022**

Public Serie Official
Launching London

\$MDCX Direct Investment



**NOV 14
2022**

Private Serie Pre-Sale
Event Launching Worldwide



Public Serie \$MDCX Staking Pool Investment



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DATIUM Clinical Simulators

Continuing Medical Education Program (PEMC)



DATIUM's Continuing Medical Education Programs are based on the concept of virtual practice on real clinical cases extracted from prestigious certified publications such as the Lancet, New England Journal of Medicine, JAMA and many other specialties in particular. The analysis team selects the clinical cases to be incorporated into the Artificial Intelligence platform, linking them with the MDCx compensation system, using the challenging criteria, that is, those in which the patient presents a pathology that is the object of potential diagnostic and diagnostic discussion. therapy. In this way, from the presentation of the case, alternative decision trees are developed so that professionals can, according to their criteria, request different types of diagnostic studies, order practices and prescribe medications not provided for in the original line of treatment.

Each decision-making branch generates the opening of new scenarios and results regarding the evolution of the patient who is the protagonist of the case.


The case is presented interactively and in real times of evolution, closing at its conclusion according to the decisions that the doctor has taken during it.

Each response and decision that the doctor makes during the Clinical Simulator exercise is linked to the receipt of MDCxR in his DATIUM account balance. In turn, each of the data collected during the practice is transferred to DATIUM's Artificial Intelligence analysis system and processed using Data Science, Machine Learning and Semantic Matching tools to inject it into DATIUM's exclusive Collective Knowledge Protocol.

As time passes, **Clinical Simulators** for different specialties will be incorporated into the **DATIUM/MDCx ecosystem** periodically, among the main ones:

- Allergology
- Anesthesiology
- Angiology
- Cardiology
- Endocrinology
- Stomatology
- Clinical Pharmacology
- Gastroenterology
- Genetics
- Geriatrics
- Hematology
- Hepatology
- Infectology
- Aerospace medicine
- Sports medicine
- Family and community medicine
- Physical medicine and rehabilitation
- Forensic Medicine
- Intensive medicine
- Internal Medicine
- Preventive medicine and public health
- Work Medicine
- Nephrology
- Pneumology
- Neurology
- Nutrition
- Medical oncology
- Radiation oncology
- Pediatrics
- Psychiatry
- Rheumatology
- Toxicology





Onboarding to **DATIUM** Clinical Simulators

The professional, once registered, enters the area of the Continuing Medical Training Program (PCMC)

Once there, a list of clinical cases in which you can participate is displayed. In the description, a brief abstract is specified and the amount of maximum MDCxR that you will be able to obtain by participating

Once finished, you can return to the home control dashboard where the certificate that verifies your participation in the PCMC appears.

Basic clinical cases

<https://www.nejm.org/doi/story/10.1056/feature.2017.01.11.56>

<https://www.immunopaedia.org.za/clinical-cases/infectious-diseases/case-of-recurrent-meningitis/>

<https://www.immunopaedia.org.za/clinical-cases/drug-response/25-year-old-female-presents-with-persistent-flu-like-symptoms/>

Improvement of Quality and Lifetime Disease Prevention Program (PPE) DATIUM



The DATIUM Disease Prevention Program is a coherent set of chained actions built from a needs assessment, seeking the creation or adaptation of activities aimed at meeting the realistic objectives outlined as program goals to be implemented. DATIUM's PPE are specific training actions, incorporation of healthy habits and monitoring of predetermined objectives for patients in all therapeutic classes. As in the Clinical Simulators for professionals, the PPE is integrated into Datium through the implementation of Artificial Intelligence, Data Science Analysis, Machine Learning and Semantic Matching tools and the MDCxR response and follow-up reward system.

The objectives of the PPE DATIUM are the following:

Following a clinical model we can classify prevention into Primary prevention. It is oriented to healthy people, it deals with preventing the disease from occurring. Its particular objectives are the promotion of health and the prevention of diseases.

Universal prevention: aimed at the entire population without distinction or identification of those who are at risk, benefiting the entire community with messages and programs.

Specific prevention: these are actions aimed at avoiding a certain disease.

The best known measure is the application of vaccines. We can also mention:

- Administration of vitamin D to prevent rickets.
- Addition of iodine to salt to prevent goiter.
- Adequate calcium intake to prevent osteoporosis.



Secondary Prevention.

Its objective is to prevent diseases from progressing and avoid damage or complication. These goals are achieved through early arrest and proper treatment.

Strategies for systematic arrest (also called Screening) and disease prevention are based on the demonstration that tests and interventions are practical and effective.

Almost all of the 7 screening methods are based on procedures that are easy to perform and inexpensive, biochemical (such as cholesterol measurement), physiological (such as blood pressure), radiological (mammography) or tissue sampling (such as blood smearsPap smear).

Tertiary Prevention.

It deals with treating the disease itself, trying to achieve a cure or that it does not progress avoiding the sequelae. Corresponds to rehabilitation, both physical and mental and social. Primary Care must be programmed and evaluable, action based on health programs with clearly established objectives, goals, activities, resources and control and evaluation mechanisms.

It is particularly important that primary care evolve in accordance with the orientation and content of the new policies, strategies, and action plans of the different health subsystems in which it is carried out (Public Sector, Obras Sociales, and Prepaid Medicine Companies).

Extension of definition of Preventive Programs

A prevention program is a coherent set of chained actions built on the basis of a needs assessment, seeking the creation or adaptation of activities aimed at meeting the realistic objectives outlined as goals of the program to be implemented.

They are developed in areas or domains where risk and protection factors are worked on. In them we find the individual domain, that of the peer group, the family, the school and work, the community and the socio-environmental domain.



Occasionally prevention is confused with a preventive program.

While prevention is a generic and broad concept, a preventative program is much more effective and systematic.

Prevention programs seek to introduce actions for early detection of a risk factor or disorder at a stage where it can be corrected or cured.

In order for these prevention actions to be considered effective, some guidelines related to the problem we are facing must be taken into account:

- * It must be an important health problem both in its prevalence and incidence on the quality and quantity of life.
 - * It must have an effective response to the identified cases.
 - * There must be diagnostic and treatment resources available and accessible.
 - * The problem must have a recognizable latent period that allows action and reduces morbidity and mortality.
 - * Must have a known natural history.
 - * Tracking or early detection methods should be effective in proportion to their cost and risk.
- To implement these tasks it is necessary to have clinical, epidemiological and morbidity and mortality knowledge of the target population.

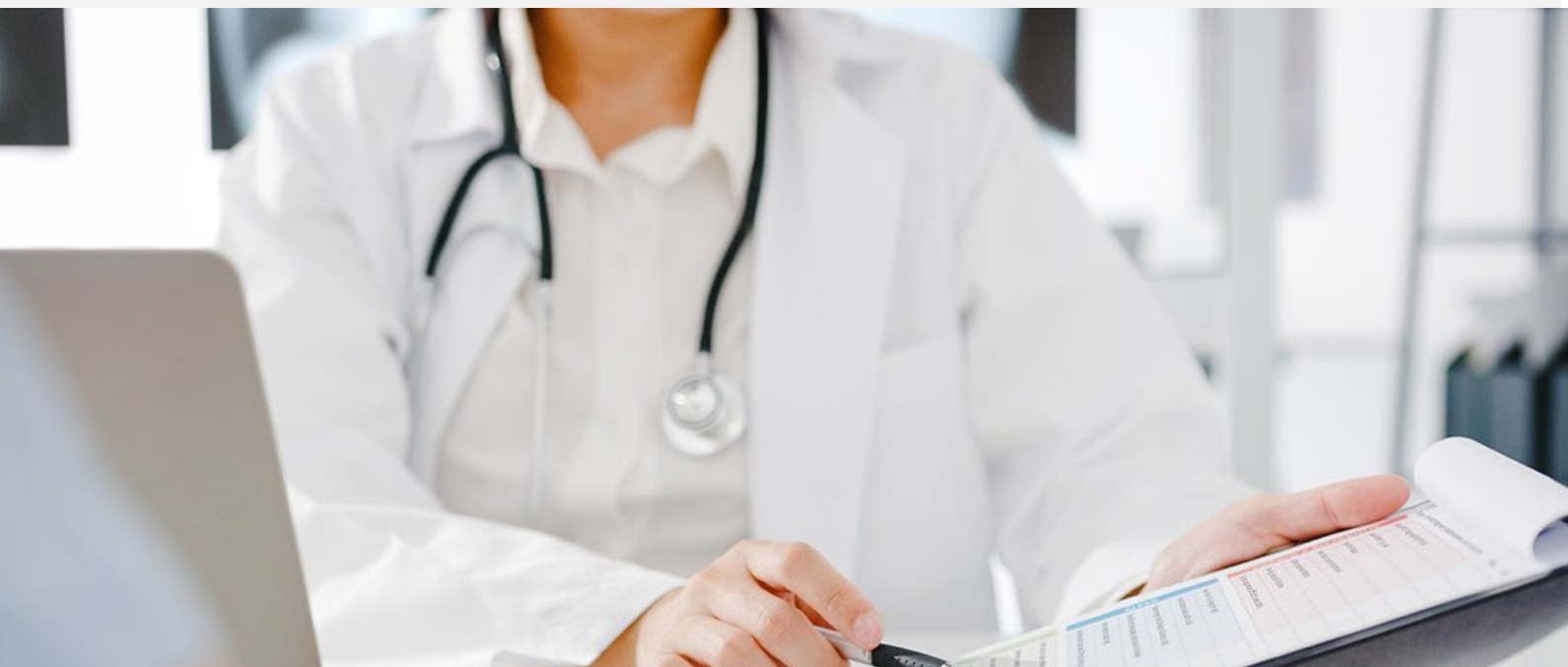
Two strategic modalities of intervention can be proposed: the population one, which aims to reduce the mean values of the risk factors in the population as a whole, and the individual or high-risk one, which tries to identify 9 subjects who, because they have one or several of these factors, present a greater risk of suffering from the disease.

The first strategy is carried out through political-legal (institutional) measures and health education (councils or campaigns directed at the population), without it being necessary to know the characteristics of each individual.

The second is carried out preferably at the primary care level, through the timely detection of high-risk subjects and subsequent intervention and follow-up of these.

The complemented population and individual strategies seem to yield a higher cost-benefit ratio than if they are considered in isolation. These strategies may focus on one risk factor (colorectal cancer prevention) or several (cardiovascular disease prevention).

The DATIUM Disease Prevention Programs comply with the protocols for the incorporation and follow-up of patients according to the determinations of the WHO and all the health organizations involved.



Competitive advantages of the implementation of DATIUM PPE



Users registered as patients in DATIUM and who participate in the Collective Knowledge Protocol through the questions and answers generated and managed by the Artificial Intelligence chatbots can voluntarily participate in an additional way, in the DATIUM PPE. This allows you not only to contribute even more information to the DATIUM database but also to accumulate more MDCxR in your account balances which can then be settled in MDCx.finance according to the regular system parameters

Beneficiary agents of the PPE DATIUM



Pharmaceutical Production Laboratories

- Taylor Made design for clinical marketing studies implementation.
- Exploration of specific therapeutic classes.
- Positioning of products in age, socio-economic and gender groups.
- Implementation of communication campaigns for target populations according to geolocation.
- Compilation of hyper-segmented information for research and development of new drugs.
- Launch of new drugs and sales and production planning with a high degree of precision.

Distribution chain

- Doctor–Patient–Dispensing Traceability
- Implementation of consumer incentives for early identification of diseases and benefits for purchase discounts through MDCx.
- Long-term drug purchase projection according to patient participation
- Planning of financial incidence of purchases
- Ability to anticipate consumption according to communication campaigns, regions affected by the PPE DATIUM and socio-economic sectors linked to financiers.

Coverage Insurance

- Reduction of incidence of acute diseases
- Chronic treatment planning
- Reduction of invasive medicine
- Efficiency in scheduling purchases of inputs.
- Real-time information on the impact of the PPE DATIUM on the financial pipeline
- Precise allocation of required care human resources

Government

Launch of PPE DATIUM according to budget items related to disease reduction policies.

- Projection of investment in risk reduction according to State, national and international priorities.
- Tool for making strategic decisions in both epidemiological and budgetary terms.
- Generation of accurate information on the impact of prevention policies for the negotiation of financing with the effectors of the health system: producers of inputs, service providers, technology providers, distribution chains, health professionals, auxiliaries, etc.



About US



We are a multidisciplinary team of professionals

Doctors, psychologists, lawyers, economists, developers and programmers, who have been working for years in the area of technology applied to health.

Datium was born as a response to a specific need in the industry:

have more information when making decisions that impact everyone's lives.

Leveraged on the knowledge contained by each of us as patients, professionals and industry agents, and based on the fact that we must be rewarded for what we know, this business model was born.

Datium aims to transform the industry.

It is a large database of COLLECTIVE KNOWLEDGE that, through cutting-edge technology such as AI, will allow us to be more assertive. This, supported by conclusive statistical data for a better prevention – diagnosis and prognosis of health.

Our ambassadors



Emiliano Levoratti

DOCTOR, PROFESSOR & RESEARCHER

More than 20 years of experience in the most prestigious cardiology care entities in the country. Member of the Argentine Cardiology Society, the Inter-American Cardiology Society, Ecosiac and ASECHO.



Ernesto Cespedes

Director Corporate Relations USA | LAWYER

Tri-lingual attorney and mediator. Adjunct professor (Medical Law) at Nova Southeastern University Shepard Broad College of Law



Eduardo Trinidad

ECONOMIST

Economist and Business Administrator specialized in corporate finance and project management. Dedicated to tokenization of assets in Real Estate and healthcare industries.



Juan Cruz Ponceliz

DOCTOR

Medical practitioner graduated from Hospital Austral. He currently works as a resident in General Surgery at that institution and in palliative care at HUA

Datium.info / MDCx

MAP



Patients



Doctors



Pharma



Insurance



Government

Intelihealth
Bookkeeping

CureMD

Remedyx.io

MedBot.io

PPEP

Intelihealth
Billing

Xilo.io



Datium

AI

\$MDCx

Monefi Technologies USA

Intelihealth LLC	Datium Corp.
<ul style="list-style-type: none">- Billing- Bookkeeping- Eprocurement- xilo.io	<ul style="list-style-type: none">- CureMD- MedBot.io- PPEP- Remedyx.io



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