

Eva Pokorna et al.

I, Ovosan

Hope for our Health



**The Story of a Nutritional Supplement
from the Heart of Europe.**

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Foreword: The Story of *I-Ovosan* and the Birth of CellBB

Welcome to the English translation of *I-Ovosan*, a book we're introducing to the United States with modern insights. Originally written in the Czech Republic, it tells the story of *Ovosan*—a supplement with 25 years of safe use across Europe—now launching in the U.S. as CellBB, short for *Cell Boost & Balance*. While we've preserved the original accounts and details, some early theories about how *Ovosan* works have since been refined by modern research. This isn't a flaw but a testament to science itself—unpredictable, ever-evolving, and constantly pushing the boundaries of health research. Remarkably, many of the early observations were correct, even if their underlying mechanisms were then unknown. Today, we have answers that would have once seemed unimaginable.

What is *Ovosan*?

Ovosan is a phospholipid-based supplement that has been safely used for decades as a complementary approach to supporting immune health, cellular repair, and overall well-being. Developed in the Czech Republic, it has been widely recognized for its role in immune modulation and cell membrane restoration. Its natural phospholipid matrix, delivered in a highly absorbable liposomal nanoparticle form, ensures optimal cellular support and immune balance. Over the years, it has been used alongside conventional cancer treatments, autoimmune therapies, and general immune support, demonstrating both efficacy and safety across millions of doses.

Now, as *Ovosan* reaches the U.S. under the name CellBB, it remains rooted in its original purpose: to enhance natural immune function and cellular health without the risks associated with pharmaceuticals. Its reintroduction is not just a name change but a significant step forward, integrating decades of experience with modern scientific validation.

Breakthrough Discoveries: Why CU and Machavert's Research Matters

Significant advancements at the University of Colorado (CU) and Machavert Pharmaceuticals have revealed groundbreaking insights into *Ovosan*. At the core of these discoveries is a phospholipid that activates Natural Killer (NK) cells—key immune defenders against cancer and infections. This finding helps explain *Ovosan*'s ability to enhance immunity, target cancer, and regulate immune responses.

Machavert's research confirms that CellBB is far more than a single-purpose solution. While the NK activator is a major breakthrough—unexpected and transformative—other phospholipids in the formula work differently. Rather than influencing immune function,

they quietly rebuild cell membranes and support overall cellular health, helping to explain CellBB's unique therapeutic benefits. A pharmaceutical drug might deliver a more potent or longer-lasting effect, but CellBB remains true to its natural origins, offering benefits without the risk of side effects. Throughout this book, we've added notes where helpful, connecting these new scientific insights with the original Czech accounts for clarity.

Why Immod Innovations is Excited to Market CellBB Now

It's important to remember that the stories in this book come from over a decade ago in the Czech Republic, where healthcare operates under a different system. While universal coverage ensures access to the same cancer treatments available in the U.S., limited funding can sometimes lead to delays in care or diagnostic results. You'll see glimpses of this reality in these pages—challenges that may be less common in the U.S. healthcare system. Still, no system is perfect. Even in a wealthier healthcare landscape, serious illness brings obstacles, and the emotional toll of facing a life-threatening disease transcends borders. Fear, hope, resilience—the human experience remains the same.

This book is a journey of discovery—how Ovosan's 25-year legacy evolved into CellBB, a safe and complementary option for those battling cancer, autoimmune conditions, or infections. We hope it serves as both a resource and a source of inspiration. A heartfelt thank you to Eva Pokorná and her team for creating this invaluable work and allowing us to bring it to you in English.

Enjoy the read!

INTRODUCTION

Dear readers,

This book serves anyone looking for a simple way to improve their health. It doesn't matter how old you are or whether you are healthy or sick—the information included can be helpful to anyone!

The book is divided into three main parts. The first part focuses on the basics of Ovosan (CellBB in the US) and where it came from. The second part contains several stories of patients that Ovosan helped. The third part contains the opinions and experiences of doctors who recommended Ovosan to their patients.

Illustrations: Karel Macas

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PART ONE - O V O S A N

Hi, I'm Ovosan, a bright yellow transparent capsule. I'm a dietary supplement made from natural ingredients found in chicken eggs. In this book, I'll tell you more about myself, my ancestors, my journey among healthy and sick people, and how I can be helpful. Even if you already know me, you'll learn something new. Recently, I got a new name, CellBB, to highlight my cellular health benefits and connect better with people in America. So, let's get started!

My Oldest Great-Great Ancestors

Once upon a time, thousands of years ago, people started raising chickens around their homes. They discovered that chicken eggs were not only delicious but also healthy. Those who had more chickens lived better. People knew that if they had a rooster, their hens would lay fertilized eggs, which could hatch into chicks. But where do the chick embryos get their nutrition? From the yolk, of course, which is packed with nutrients to ensure proper growth. If the yolk is so nutritious for the chick, why wouldn't it be for humans? People realized that if you are weakened by illness, eggs could help you recover and get stronger faster.

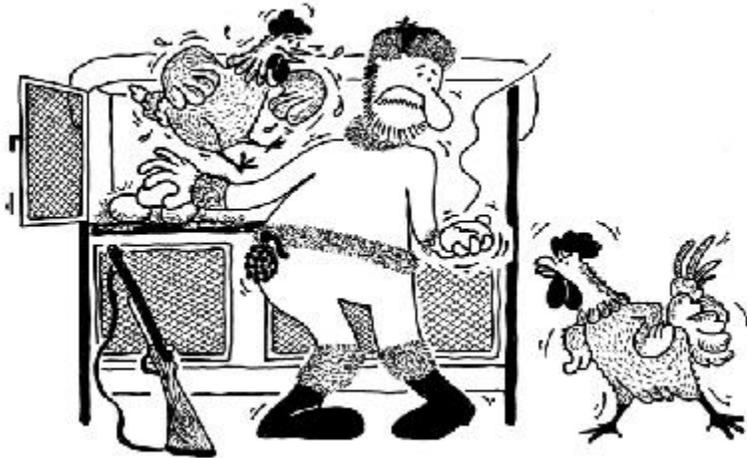
Grandma's Recipes and Folklore Medicine

Many years have passed since the time of our great-great-grandparents. However, the healthy habit of eating eggs, especially egg yolks, hasn't changed, except for concerns about cholesterol levels in the 1970s. Back then, people believed that eggs, as a source of saturated fatty acids, were bad for health. Fortunately, later studies showed this wasn't true. People still loved eggs, and many farms had many chickens, hens, and roosters. That's why fertilized eggs are often consumed.

Eggs played a significant role in folklore medicine and treating various diseases. It was believed that slightly spoiled fertilized chicken eggs could help patients with tumors. One doctor, still interested in me today, had a personal experience with this. His mother was dying of cancer, and someone advised him to consult a parish priest in Moravia. The priest suggested giving his mom fertilized eggs daily. He did, and his mom started getting better. Against the doctors' expectations, her life was extended by about a year. It's hard to say if the eggs helped, but she ate them, improved her appetite, gained weight, and felt less tired.

Moving to the Mid-20th Century

In the mid-20th century, we find the first concrete clues about my discovery, leading to Mr. Miloš Borovička. He is likely my discoverer, although not many written records about him remain. The reports from still-living witnesses are often contradictory. Mr. Borovička was a secretive person with strange habits. All storytellers agree he was a big, stout man. Other parts of the stories vary, but here's the most plausible version: Mr. Borovička met Mr. Z, and they became friends. Mr. Borovička started working as an assistant scientist at SPOFA, a part of a local Generic Drug Company in Prague. Later, he moved to the Research Institute of Pharmacology and Biochemistry. He didn't stay there long because his friend Mr. Z, now Dr. Z, invited him to join the Microbiology Institute (MBI) of the Czechoslovak Academy of Sciences in 1968. Thanks to his friendship with the director, Mr. Borovička conducted unrestricted research at MBI.



Continuing the Story

Thanks to his friendship with the director, Mr. Borovička conducted his research without any restrictions. During this time, he began to uncover the secrets of fertilized eggs. Although he kept his ideas to himself and was very secretive, he quickly started applying his research findings. He set up a small manufacturing line in his lab and began producing a powder from fertilized chicken eggs. He tested this powder to find its best use, even contacting oncology patients. It's said that people lined up for this powdery egg extract, hoping for a dose, the contents of which only Mr. Borovička knew. According to the story, patients endured high fevers for several days but then supposedly felt much better, and their disease seemed to subside. However, these are just unconfirmed rumors.

High-ranking officials from the communist government demanded the instructions and exact composition of Mr. Borovička's powder. But he refused to share his recipe unless they paid him millions in Czechoslovak crowns. No one wanted to spend that much money with an uncertain outcome. As a result, Mr. Borovička never revealed his powder's exact composition and recipe. After his sudden and unexpected death from acute inflammation of the gallbladder, only a tiny amount of the powder remained. Unfortunately, no one could determine its recipe or composition.

Despite this, Mr. Miloš Borovička deserves credit for the idea of extracting active substances from fertilized chicken eggs. With no records left behind, his successors had to start from scratch, focusing on fertilized yolks and figuring out everything else anew.

The Discovery of Bio-Active Phospholipids by Dr. Jindřich Kára

The research and work of Mr. Miloš Borovička did not go unnoticed. His mysterious endeavors and the long lines of people seeking his specimens indicated that something was intriguing about his work. This led several researchers to investigate fertilized eggs, and one of the most important for my future was Dr. Jindřich Kára, who created a lot of written materials and professional articles. Dr. Kára was the head of the Czechoslovak Institute of Molecular Genetics at the Czechoslovak Academy of Sciences, a prestigious position with much responsibility.



In addition to his managerial and interpersonal skills, Dr. Kára was an excellent biochemistry expert. Early in his career, he worked in Prague at the Institute of Organic

Chemistry and Biochemistry and later at the Institute of Molecular Genetics (UMG) of the Czechoslovak Academy of Sciences, where he eventually became the head of the department. Dr. Kára's laboratory was next door to Mr. Miloš Borovička's lab. This is probably how Dr. Kára became acquainted with Mr. Borovička's powdery fertilized egg idea, which he found very interesting. The two men did not collaborate or get along very well. More about Dr. Kára's work and results can be found in a separate chapter of this book.

In any case, Dr. Kára's indisputable contribution to my story was upgrading the work devoted to me—Ovosan—to an actual scientific level.

Dr. Kára and the Velvet Revolution in 1989

At first, Dr. Kára, an active communist, expected that he would not benefit much from the Velvet Revolution. His entire department at the Academy of Sciences was abolished and dissolved. But Dr. Kára didn't give up. He and his colleague, Dr. Vlastim Liebl, were convinced that their discovery could be applied in cancer treatment and that the time was right for this idea to be realized. The transition to a capitalist economy was favorable for this endeavor, making it possible to do almost anything.

Dr. Kára and Dr. Liebl traveled nationwide looking for skilled chemists who could help mass-produce and market Ovosan. The goal was clear, but its realization was not easy. In 1994, they came across a small company called Areko in northern Bohemia. They convinced the owner of Areko to help because they were impressed with the results of Dr. Kára and Dr. Liebl and began to cooperate. They met another important person working for Areko at that time: Prof. Alois Novacek. Prof. Novacek was a seasoned and capable scientist with dozens of patents and scientific publications in pharmaceuticals and pharmacology. He immediately became interested in the idea after meeting Dr. Kára.



AREKO then tasked Dr. Novacek with developing a new production technology for the future me; Ovosan. Dr. Novacek worked together with Drs. Kára and Liebl, and led the development of the manufacturing technology to a triumphant finish.

Dr. Novacek researched the project details, including all the publication materials from Dr. Kára, and got acquainted with his methods and thoughts. After several months, he developed a completely different production technology than that described by Dr. Kára. It was based on a whole mixture of egg phospholipids from the yolk and did not try to work with individual phospholipids. Dr. Novacek added several purification steps to optimize the biological activity and obtained much higher efficacy than that observed by Dr. Kára. The remaining development steps were to invent the most suitable form for production and marketing. This is when he created my current form of capsules. So, Dr. Novacek became my spiritual father, without whom I would not exist. His brilliant ideas to optimize my manufacturing and make me much more effective were crucial and made me special, too!

Dr. Nováček's Contributions

Dr. Nováček was the author of more than 100 patents and 50 scientific publications in the field of pharmaceuticals and pharmacology. He collaborated with researchers in pharmaceutical workplaces, universities, scientific institutes, the Czechoslovak Academy of Sciences, and later, the Academy of Sciences of the Czech Republic, as

well as with scientists abroad. He was a top professional, which was my good fortune because no one else could have invented me so elegantly. To summarize, Mr. Borovička and Dr. Kára gave him a good starting point, and he effectively used it, completed it, and brought my technology to life. He was head of research at AREKO until his death. Between 2000 and 2004, he managed to compile recipes for other formulations, always based on phospholipids.



For example, another patent of Dr. Nováček was for Transovosan, a transdermal form of me—Ovosan. Transdermal means it can be used externally on the skin whenever a problem arises. Dr. Nováček also suggested regenerative gels for athletes called Fitmaster Cold and Fitmaster Hot. Dr. Alois Nováček died on March 22, 2009, at the age of almost 86.

How They Started Selling Me

There were multiple ideas about the best way to package me. Following the unique AREKO phospholipid method developed by Dr. Nováček, it was decided that the capsule form was best. The first packaging began selling in 1999. I was given to the first oncology patients by MD Peter Bednarčík, my great pioneer and supporter. At this time, there were also many skeptics among doctors. It isn't surprising since nothing was known about me then. The only thing that could convince anyone was self-experience, but they couldn't have that yet. Although doctors initially did not have much faith in me, I gradually gained popularity among oncology patients.



Over the years, more and more people used me, initially learning about me through word of mouth and acquaintances' experiences. Promotion and advertising grew as sales picked up. However, new EU legislation implemented in 2012 strictly limited the possibilities for advertising and informing people about dietary supplements. That's why we had to return to our roots, where acquaintances and friends were the most common source of information. Even so, about 10,000 people buy me annually in the Czech Republic.

My Little Secret - My Active Ingredient – What Am I Made Of?

As mentioned in previous chapters, the basis for my production is chicken egg yolks. Through certain production and purification processes, a unique mixture mimicking the composition of a fertilized egg is obtained. This mixture, called BAP® (bio-active phospholipids), contains several well-known and lesser-known phospholipids in a defined ratio. The exact composition is my secret. These phospholipid substances are essential for many bodily functions.

One gelatin capsule contains 150 mg of BAP® mixture dissolved in 350 mg of sunflower oil. Sometimes, you can see BAP® in the capsule as a light deposit. How does this deposit form? Egg phospholipids and sunflower oil have different densities, causing gradual separation. These processes are entirely natural, so the sediment created is not a defect and does not affect my health and safety efficiency.

What Are Phospholipids and Their Function in the Body?

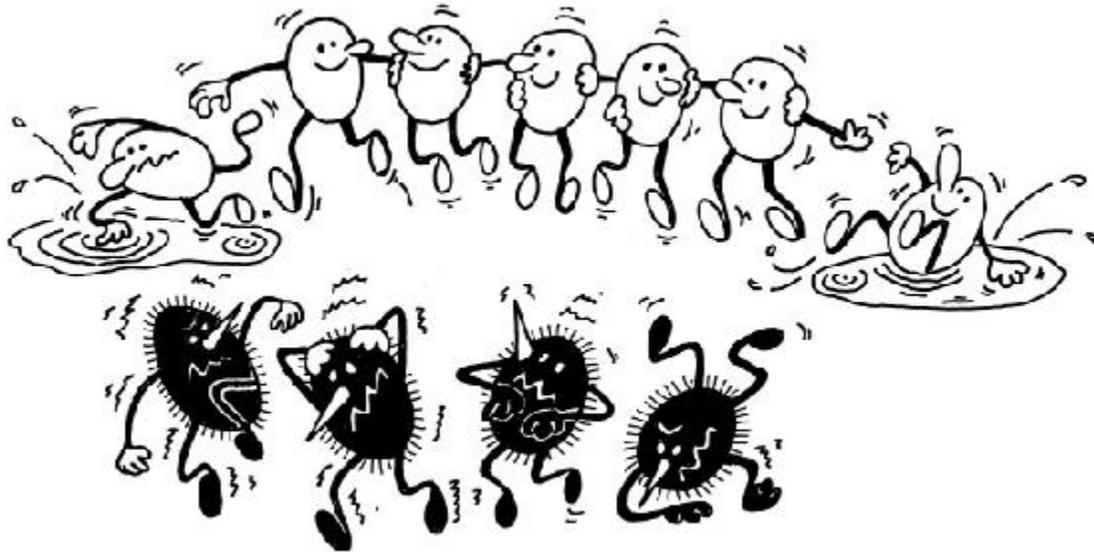
You are all familiar with fats or lipids. Phospholipids are a group of fats that contain phosphorus. They are further divided into several groups, with glycerylphospholipids being the most interesting for us. These contain glycerol as a base and are the most important component of cell membranes (cell envelopes). The arrangement of these phospholipids gives the cell membrane its characteristics and essential properties for functioning.

A phospholipid has two different ends, which is why it is also called bipolar. One end is hydrophilic (water-loving), and the other is hydrophobic (water-fearing). Phospholipids in the cell membrane align side by side in a special lipid sheet with the hydrophilic ends on one side and the hydrophobic ends on the other. Then, two sheets come together to form a lipid bilayer, with the polar hydrophilic layers on the outside facing the aqueous environment inside and outside the cell. The hydrophobic layers are sandwiched together between the layers. This special double layer forms the membrane and gives it its properties – the membrane is semi-permeable. Only small non-polar particles can passively pass through it. Larger particles or molecules can only pass into the cell through a canal called a sodium-potassium pump, which requires energy, hence the term active transport.

Sometimes, the phospholipid bilayer is broken due to disease, toxic substances, and so on. This damages the entire mechanism of substance reception by the cell and, thus, the functioning of the entire cell. This is where I can help. After a cell membrane is damaged, it can use me—Ovosan to repair the damage with my components and build them into the damaged membranes. This results in rapid cellular membrane repair and the restoration of proper cell function. Damaged cellular membranes accompany many known diseases, such as infarcts, strokes, oncological diseases, some skin diseases, immune system diseases, and more. Therefore, the spectrum of diseases where I can be useful is wide. Thanks to this, the research of phospholipids is gaining traction and becoming an ever-expanding branch of medical research.

I would now like to list where phospholipids can help because they are closely related to the possibilities of my use. You can find more about this in the literature for experts. The list of references is at the end of this book. Here is a short summary:

The Benefits of Phospholipids



Phospholipids (PLs) are essential for the body and have a wide range of benefits. Here's a summary of how they can help:

1. **Liver Health:** PLs improve the structure and function of liver cells, enhance liver regeneration, and aid in fat transport. They are especially beneficial for liver problems.
2. **Fat Absorption:** PLs help break down fats into droplets, making them easier to digest.
3. **Anti-Inflammatory:** Some PLs significantly reduce inflammatory reactions.
4. **Arthritis and Pleurisy:** PLs can alleviate symptoms of arthritis and pleurisy.
5. **Cachexia (pathological weight loss or emaciation):** PLs help increase appetite, inhibit weight loss, improve quality of life, reduce fatigue, and enhance physical condition.
6. **Menstrual Health:** PLs reduce pain, spasms, breast tension, swelling and improve the mental well-being of menstruating women.
7. **Digestive Protection:** PLs protect the digestive system from the adverse effects of pain relief drugs and increase mucus production, protecting against stomach ulcers.
8. **Inflammatory Bowel Diseases:** PLs positively affect diseases of the intestines.
9. **Synergistic Effect:** When taken with anti-inflammatory drugs, PLs can enhance their effectiveness.

10. **Oncology Support:** PLs can help treat cancer patients through various complementary mechanisms.
11. **Heart Health:** PLs reduce the risk of heart and blood vessel diseases.
12. **Diabetes Support:** PLs help patients with diabetes.
13. **Heart Attack Prevention:** PLs protect against heart attacks and lower cholesterol.
14. **Blood Health:** PLs positively affect blood count.
15. **Cognitive Function:** PLs improve memory, learning ability, concentration and slow down the aging process.
16. **Alcohol Damage:** PLs mitigate health damage caused by alcohol in alcoholics.
17. **Brain and Nerve Health:** PLs are crucial for the proper functioning of nerve cells and preventing a stroke.
18. **Immune System:** PLs boost the immune system and increase the body's defenses.
19. **Liver Diseases:** PLs are treatrthosis and other liver damadamagedesed by toxins or infections.

Lecithin Benefits

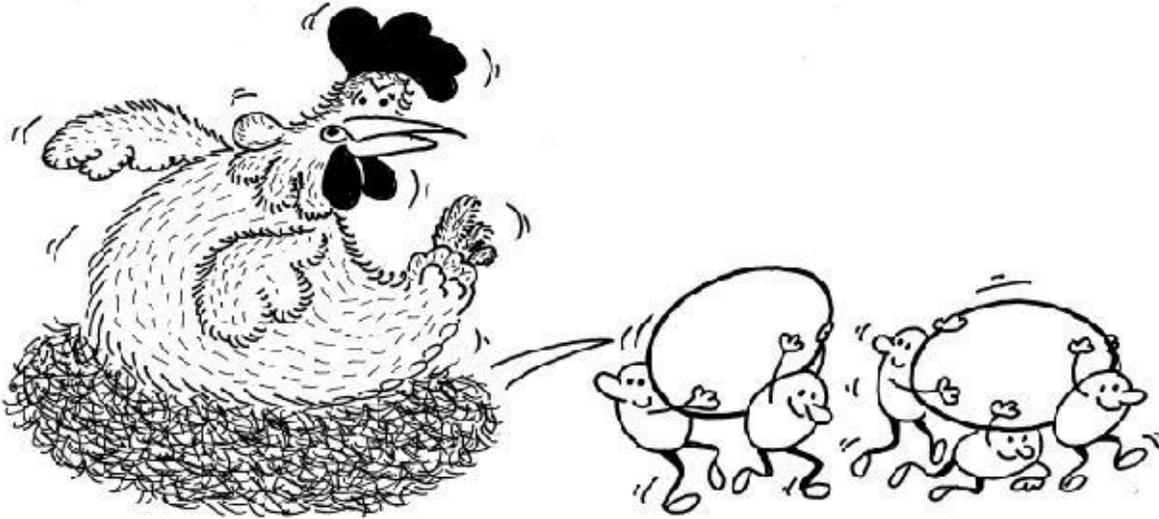
Lecithin, a mixture of phospholipids, has many crucial functions. Lecithin reduces fat particles in the bloodstream, preventing atherosclerosis.

2. **Cholesterol Reduction:** Lecithin contains essential fatty acids that lower cholesterol levels.
3. **Fat Transport:** Lecithin helps transport fats in the body and dissolve unhealthy fat and cholesterol deposits.
4. **Brain Food:** Lecithin is rich in choline, which converts to acetylcholine, a substance that transmits nerve impulses. A lack of acetylcholine can cause irreversible nerve damage.
5. **Liver Health:** Lecithin makes up more than half of the fat in the liver and prevents cirrhosis and liver tumors.
6. **Weight Loss:** Lecithin accelerates the conversion of fats into energy, helping with weight loss.

*[*TRANSLATOR NOTE: Some of these benefits have been linked to the activation of the NK cells of the innate immunity- namely the anti-inflammatory, anti-cancer and immuno boosting effects.]*

Phospholipids in Oncology Research

Dr. Kára's research focused on oncology. He and his team improved the technology to prepare the ether-phospholipid PNAE from egg phospholipids. Dr. Kára believed PNAE was the main active ingredient in my mix and tried to purify it. After obtaining almost pure PNAE, they studied its effectiveness and properties, publishing their findings between 1986 and 1994.



Key research questions included:

1. **Protein Kinase C:** PNAE inhibits protein kinase C, an enzyme involved in cell growth and proliferation. Overactivity of this enzyme is dangerous, especially in cancer, and inhibiting it is crucial.
2. **Metastasis Prevention:** PNAE inhibits protein kinase C, preventing metastasis.
3. **Apoptosis:** PNAE induces apoptosis (programmed cell death) in tumor cells, causing them to die while leaving healthy cells intact. Healthy cells use PNAE to repair damaged membranes.
4. **Calcium Ions:** PNAE's antitumor activity is enhanced by calcium ions (Ca^{2+}). Excess Ca^{2+} in tumor cells is toxic and leads to cell death.

Summary of Dr. Kára's Findings*

- PNAE inhibits protein kinase C.

- PNAE selectively destroys tumor cells while regenerating and protecting healthy ones.
- PNAE prevents metastasis.
- PNAE, combined with Ca^{2+} ions, has an antitumor effect and prevents metastasis.

These findings bring great hope to oncology patients. However, it's important to note that these experiments are 20 to 30 years old and need further verification. More information on follow-up research will be provided later in this book. Dr. Kára summarized his thoughts and results in a publication titled "Ether-phospholipid PNAE against Tumor Cells - Prevention and Therapy of Metastases," available upon request from AREKO.

[*TRANSLATOR NOTE: The Ca^{2+} effect notion here is remarkable since this is the mechanism leading to premature death of cells with damaged cell membranes- discovered only quite recently. Also, we now know that there is another active substance- a phospholipid that activates NK cells of the immune system. It is the NK cells that cause the anti-tumor effect.]



How to Find Out What I Can Do - Why Studies Are Done and What Is Studied

Research helps determine how and where I can be useful. Scientists and doctors at research institutions and hospitals conduct studies to understand my potential applications, summarize the results, and publish them in professional journals. This process helps convince skeptics and doctors about the appropriateness of using me. In

the following chapters, you'll find examples of some studies that have already taken place.



Currently, research is ongoing in several places, and many further studies are planned. I believe the results will eventually help change skeptical views. Studies are not just about treating sick people and observing whether I influence their health treatment. I am also tested on cells growing in laboratory dishes, known as in-vitro studies. These results are followed by studies on laboratory animals, such as mice, rats, and chickens, called in vivo studies. So far, research has been mainly on cellular models and, to a limited extent, on animal models. Not many people in the world know much about me yet, and that's a shame!

How I Destroy Tumor Cells in Laboratory Dishes

Mr. Borovička and Dr. Kára figured out that I could help during cancer treatment. The name "cancer" comes from the Greek word "karcinos," meaning crab, because tumors resemble crab claws. Cancer can be cured, but usually only if detected in time. Considerable effort and money are dedicated to increasing the effectiveness of treatments for cancer patients. The use of egg phospholipids in cancer treatment is one option. Cancer will be discussed separately later, so let's return to the original topic here.

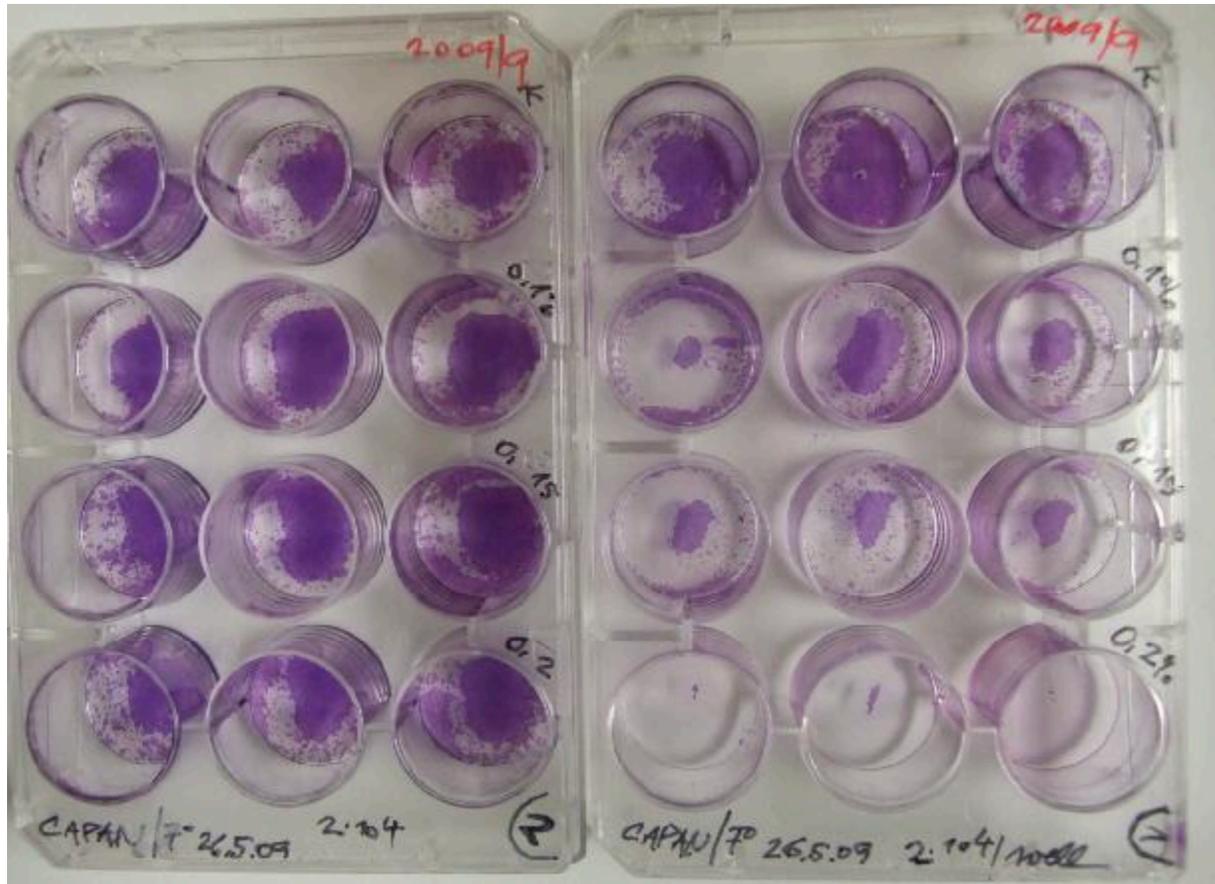
We've talked about cells and in-vitro studies. Do you know what a cell is? A cell is a tiny living unit that functions similarly to the whole body. It breathes, takes in nutrients and water, excretes waste, reproduces, and dies. A larger number of such cells together form organs, and the whole organism is made up of them. It's obvious that if the whole body is to be healthy, its cells must be healthy and vigorous. But sometimes, there are cells we don't like to see, which can be harmful. Cancer cells certainly belong to this category.

None of us invited these cells, yet they appeared and began to create clumps, oppress and destroy healthy cells, and grow indefinitely. They multiply and spread uncontrollably (stopping growth on their own happens only very rarely). Scientists use cells in basic research. They can grow them (culture) in the laboratory for experiments, freeze them, multiply, observe, film, photograph, repair, and so on.



In the Tissue Culture Laboratory in Prague, tests on cells are performed routinely. It was here that they also tested me on cells. About 50 smaller trials took place over the years. In the laboratory, cells were always prepared in twelve-well plates. Every well was thickly overgrown with cells. Then, Ovosan was added to the tumor cells in some wells, and my active substance was added in the form of a solution. In other wells (controls), my active substance was not added. At the right concentration (0.05% to 0.3%), I always removed most of the tumor cells within 48 hours; sometimes, all of them are reliably destroyed. So, the wells I was in were usually empty at the end of the test, as

the tumor cells had died. In contrast, the control wells continued to be densely overgrown with tumor cells.

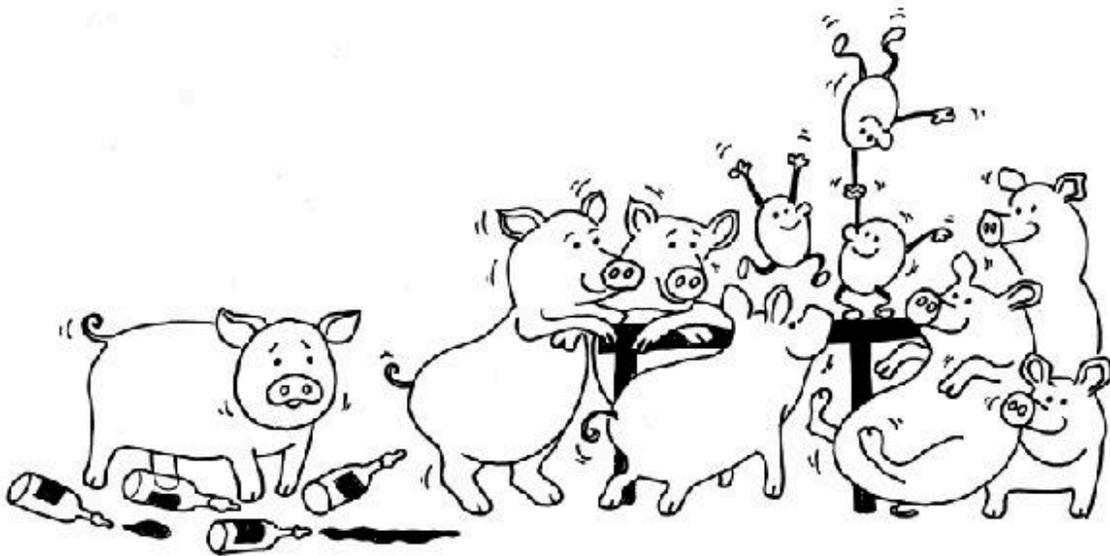


To help you visualize this, imagine a plate with wells. The same amount of tumor cells was placed in all the wells. The left plate was cultured with my inactive form, serving as the control. On the right plate, in the second, third, and fourth rows, I was added. Cells were cultured for 14 days and then stained with purple dye Giemsa-Romanowski. The first rows on both plates were without any supplement, only with a nutrient medium. In the second row of both plates, the concentration was 0.1% active (right) and inactive forms (left). In the third row, the concentration was 0.15%, and in the fourth row, it was 0.2%. On the left plate, the number of cells did not change even after 14 days of cultivation (cells after staining are purple). On the right plate, the number of cells decreased with higher concentrations, and at 0.2%, almost none were left. The effect started to show after 48 hours of cultivation. So, at the cellular level, I destroy tumor cells and cause their death at concentrations of 0.05% and higher.

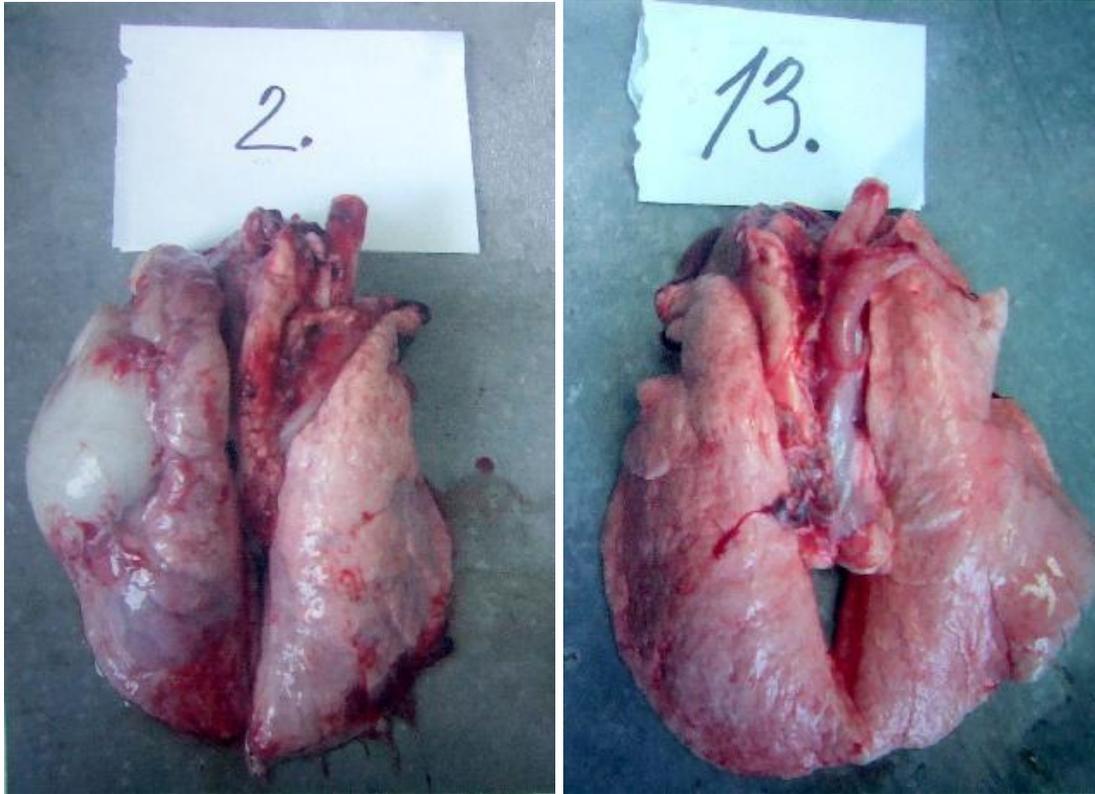
How I Helped Pigs with Severe Lung Inflammation

Here's another test of what I can do. This one checked if I could help with bacterial inflammation diseases. You might think antibiotics make this unnecessary, but they don't always work—some bacteria resist them.

The study was conducted at the Veterinary Research Institute in Brno. Twelve pigs were included in the experiment. All twelve were injected with a lung infection (bacteria called *Actinobacillus pleuropneumonias*). On the same day, they started giving me to six pigs and plain sunflower oil to the other six pigs (control group). Treatment continued for 14 days. During that time, we found that the treated pigs had only a milder form of the disease compared to the pigs treated with sunflower oil. After 14 days, they checked all the pigs' lungs. The pigs receiving me had almost clean lungs (on average, 3% of lung tissue affected), while pigs that received sunflower oil had lungs affected by purulent lesions on an average of 38% of the lung surface.



To double-check, they ran an in-vitro test with macrophages—immune cells that fight bacteria. They grew these cells in lab dishes, adding me to some and leaving others alone. Then, they activated the macrophages and measured their reaction. It worked! The ones with me reacted less, producing fewer inflammation-causing cytokines.



How I Helped Rabbits with my Active Substance

In this work, the goal was to find out if I could influence the immune system. Immunity and the immune system are words that are used a lot lately. But do you know what they mean and how they work? I'll try to explain it briefly, though a detailed description would take several books; that's how complex the immune system is.

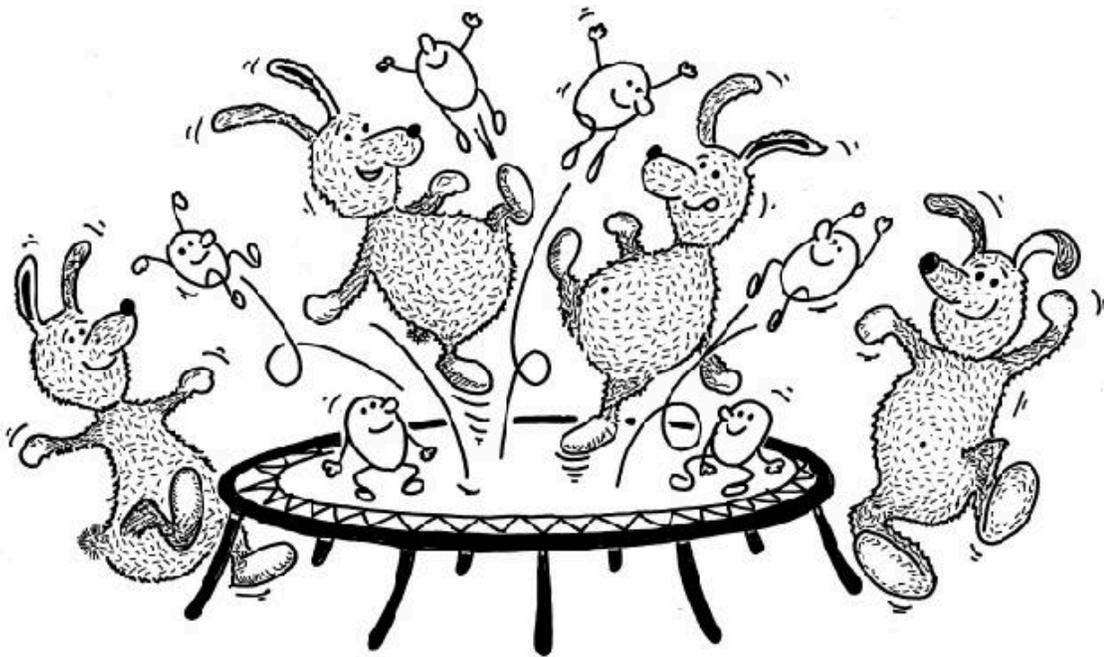
The body's always under attack from enemies like viruses, bacteria, fungi, and parasites. Without a strong defense—our immune system—we wouldn't last long. It must be tough and organized to win these fights. If it weakens, the enemy can take over and cause serious damage. The immune system then rallies to kick out the invaders. How fast and well it does this depends on its strength.

The immune system must first recognize the enemy. It's not always simple, and if the immune system is messed up, it might destroy itself, damaging its own fighters by friendly fire, as with autoimmune disease. Once the enemy's identified, the fight moves to wiping it out. Our immune system has all kinds of tools: scouts, search teams, and destroyers. If any part fails or weakens, defending gets tough.

Lots of things can weaken it: bad diet, stress, drug side effects, no exercise, aging, smoking, or illness. Almost everyone faces some of these, so keeping the immune

system strong matters. Medicines and supplements like me try to power up those defenses and keep them ready.

I think I can help, but how do I prove it to doubters? Through studies like the ones we've talked about. This one used rabbits in two parts. First, they damaged the rabbits' immune systems and watched how long it took to recover—with and without me Ovosan. Second, they vaccinated healthy rabbits and checked how their immune systems reacted, again with and without me.



How Did It Turn Out?

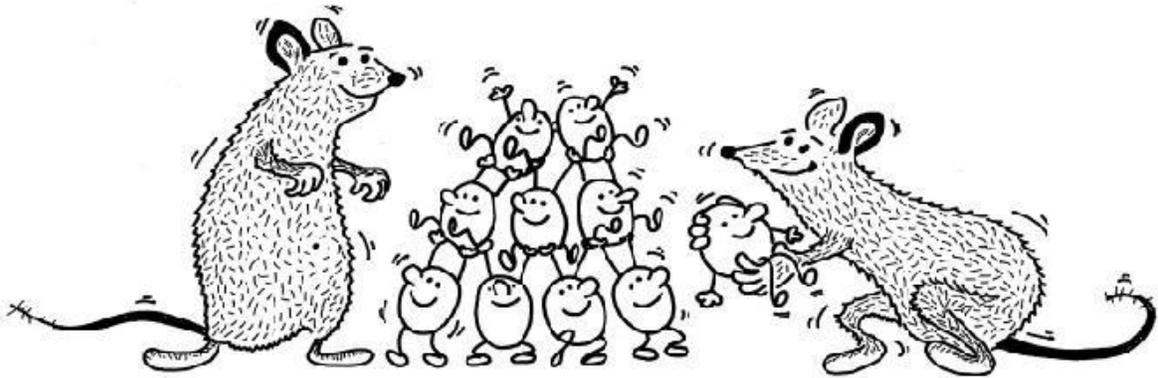
Rabbits with damaged immune systems (from a substance called dexamethasone) recovered much faster with my help. Without me, healing took longer. Plus, the rabbits I helped resisted the damage better—it was milder and faded quicker. So, I help repair a weakened immune system.

In the second part, they tested healthy rabbits with strong immune systems. After a vaccine, all responded the same, whether I was there or not. When the immune system's already in top shape, I don't overdo it by boosting what's already strong. That's a good thing.



I, Ovosan - White, Black, Gray, Spotted, and Even Naked Mice

Why mice, you ask? Mice and rats are the most commonly used laboratory animals. That's why they started testing me on mice. Most of the mouse testing took place in-house at a company called RCD, even before 1978. For many years, they tested my efficacy on black BALB/C mice, which they injected with B16/F10 mouse melanoma cells. Mouse melanoma is a skin tumor that originally grew on a mouse. Therefore, cells of this tumor can only grow in mice of the same strain, i.e., BALB/C. This tumor can eventually spread to the lungs (metastasize). So, they subcutaneously injected about a million melanoma tumor cells, leading to a tumor the size of a pea. After 10 days, mice with the same developed tumor were selected and divided into groups of about 10-12. In our case, we had one control group that was given sunflower oil only. The second group received me, Ovosan, daily. This type of melanoma is very aggressive, so after about twenty days, all the mice were sacrificed, and the size of the tumor was evaluated.



I described this test in detail because it has been used repeatedly during my development. Efficacy was monitored throughout my development. We were not only trying to find out if I was effective versus the control (sunflower oil), but we also compared many different versions of me. We tested and tested to improve the technology of my production until we selected the most efficient version you can buy at a pharmacy today. The refinement process of the production technology is still ongoing. Other tumor types were also tested. They always let me work in one group, while the other didn't get me. We never found any type of tumor, murine or human, whose behavior I did not affect at least a bit. I stunted them all. When a tumor was very aggressive and a mouse was no more than 14 days old, I didn't have much time to work, so I helped just a little. However, when the mice had a moderately or slowly growing tumor, I helped significantly.

Human tumors can also be tested in mice. In a normal mouse, they would not grow because tumors do not grow across species. For these purposes, laboratories use so-called "naked" nude mice. They are called naked because they have no fur at all. They also have a blocked part of the immune system and, therefore, have no immune defense against foreign (non-mouse) tumors. This is used to test human tumors. Why? It is clear - we would hardly be able to experiment directly on sick people. This is how it is possible to test new medicines, new methodologies, and so on.

They also tested me at the University of South Bohemia in České Budějovice and administered me to mice with melanoma, comparing my effectiveness with other alternative substances, such as β -glucans, proenzymes, and carbimazole. All of these substances, including myself, inhibited the growth of melanoma against the untreated negative control and were all more successful in testing than the new generation chemo named Imatinib, which was used as a positive control.*

*[*Translator remark: this study has also revealed that the anti-tumor effect was not observed in a strain of mice that did not have any immune system and no NK cells- this was a confirmation that anti-cancer properties of Ovosan are due to activation of immune system and not direct.]*

For your interest, here are the types of tumors we tested where they observed my effects on mice: mouse carcinoma of the mammary gland, human colorectal cancer (tumor of the large intestine or rectum), mouse melanoma (skin tumor), human pancreatic cancer (pancreas abdominal), and mouse sarcoma.

How Mothers and Their Babies Used me - a Two-Generation Embryo-Toxicity Test

Often, people who buy me or want to buy me ask if I can also be used by young children or pregnant mothers. I know that they can because several pregnant women have tried it themselves. They were perfectly fine throughout the pregnancy, and so were their babies, who were born healthy, without allergies, and with average to above average weight.

One mom used me during pregnancy. In the 4th month of her pregnancy, they discovered a malignant breast tumor, and because of its size, something needed to be done immediately. And so I helped her even with a baby in the belly. I supported her before the operation, during the operation, throughout chemotherapy (which they both completed - including the little boy in the abdomen), and radiotherapy (which was only after delivery). Her boy was born prematurely at 32 weeks by a planned caesarean section so that he would not have to receive the last doses of cytostatic chemotherapy. Doctors were worried that the baby would have insufficient weight and poorly developed lungs due to the premature birth and the cancer treatment. Their fear did not materialize. The little boy weighed 5 lbs, was breathing, and was generally healthy. So he only had to spend one day in the incubator instead of the weeks that were expected. Both have been fine for 9 years now. Nine years later, they're both doing great, and I still help them sometimes.

To prove I'm safe, we did a study with rats. Females got me before, during, and after pregnancy. Even their grown-up daughters (who'd been exposed in the womb) used me, as did males. Compared to a control group, I showed no harm to moms or babies, even at high doses over time. Plus, the litters seemed more balanced, and fertility might've improved—though we need more research on that. It makes me happy to help!

Cancer - why is everyone so afraid of it?

As soon as someone mentions cancer, people start worrying and fussing over the person who has it. The panic and fear come from how deadly this disease can be, especially if it's found too late. By the time a tumor's too big to remove or has spread to other parts of the body (metastases), it's a huge problem. That's why, if something hurts or your body feels off and you can't explain it, you should see a doctor and get checked

out. It might stop the disease from getting worse. Lots of people think, "I'm young, I've never been sick, it won't happen to me." That's a big mistake!

If a tumor's caught early—small enough and in a spot where it can be removed—there's a great chance of full recovery. After surgery, patients usually get chemotherapy or radiotherapy (radiation) to finish it off. The treatment depends on the tumor's type and size, aiming for a complete cure. Nevertheless, quite often, the tumor reappears (most often within the first five years).

This new occurrence is called a relapse and is usually much more serious than the first occurrence. This is because the tumor that forms as a recurrence tends to be more aggressive than the first (primary). Recurrence also often occurs in places where the tumor was surgically removed and is more difficult to remove the second time (lungs, bones, liver, etc.). Still, with a bit of luck – if the tumor is sensitive to chemotherapy or can be surgically removed again, is small, and in an accessible place – there is hope for a complete cure or remission. However, the probability is already lower than the first time with the primary tumor. Some cancers, like brain glioblastoma or pancreatic cancer, are rarely found early or are inoperable, making successful treatment much harder. Preventive checkups help catch other types in time, boosting their curability.

There is a lot of fear among people about chemotherapy. What's wrong with that? What's going on? Substances that we call therapeutic cytostatics are delivered into the body. Why cytostatics? Because they stop the growth of quickly dividing tumor cells, are toxic to them, and destroy them. The problem is that these substances also destroy all other cells in the body that divide/multiply quickly. Therefore, chemotherapy has many side effects. It destroys, for example, blood cells. That is why a person treated this way is very tired, not very resilient, and often can't even take another dose of chemotherapy due to the destruction of the blood cells. Then, it is necessary to support these blood cells with other drugs so that they grow and restore as quickly as possible. Of course, this takes some time. Further chemotherapy destroys or damages, for example, liver or kidney cells. Because the liver is the body's "waste cleaner," another problem arises: the liver is also heavily polluted or damaged, and it may happen that after long-term use of cytostatics (chemotherapy), the liver is the first to collapse. The kidneys, in turn, control fluid intake and excretion. Even here, with heavy damage and load, irreversible damage can cause unwanted changes.

Some cytostatics damage the hair follicles, and the person taking them usually loses hair temporarily. Paradoxically, that's exactly what people perceive as the most unpleasant side effect of chemotherapy at first glance. Even though the hair roots, unlike the liver, kidney, or blood, are not essential for sustaining life at all. Hair will soon grow back after chemotherapy, usually even in better quality than before. The first newly regrown hair will soon be replaced by the original hair quality, though. So, just losing

hair as a result of chemotherapy is the least burdensome for the body and is completely temporary.

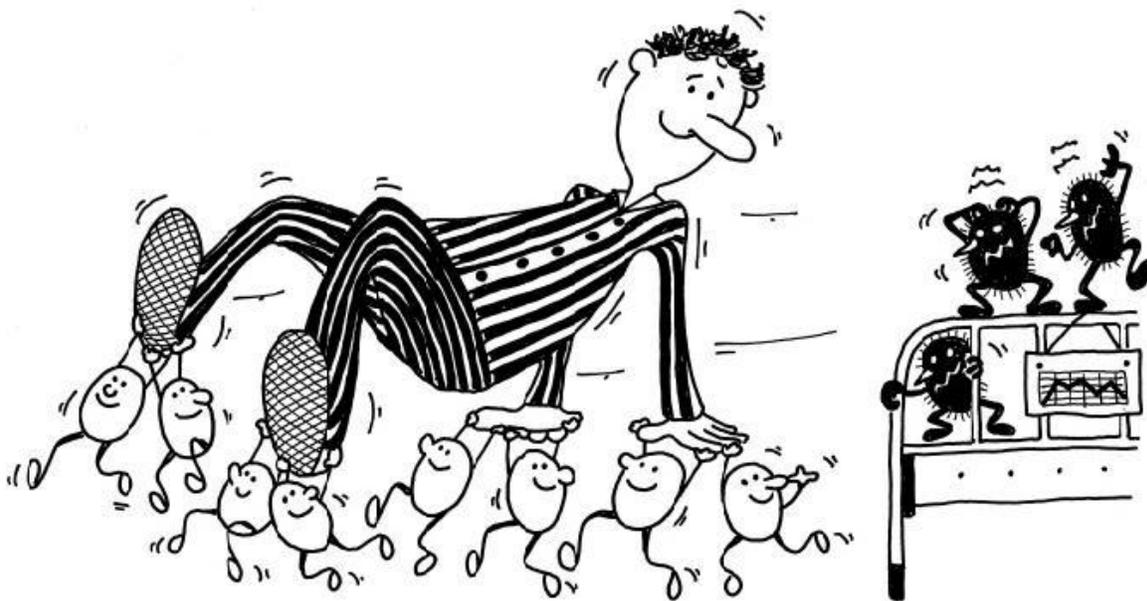
Radiotherapy is a little less burdensome than chemotherapy. However, radiotherapy, which usually takes place every day in small doses for 30 days or more, damages the immune system, and thus, the body gradually weakens. It can also cause local burns or destruction or damage to some tissues. Radiotherapy is even more dangerous when irradiating brain tumors (but still usually necessary). Overall, it can be said that a person unburdened by other diseases can usually handle oncological treatment without serious damage, and after a few years, the immune system adjusts again, "cleanses" the liver and kidneys, and if there is no relapse, no health issues will remain.

The Cancer Aftermath: How I - Ovosan- Can Help with Treatment

Now, let me tell you how I can help during cancer treatment. I can make the whole process easier to handle. Doctors often doubt this because there aren't full clinical trials or journal articles proving it yet. As a dietary supplement, I can't get the big studies needed for that. But I've got some early studies—more on those later—and the experiences of over 4,000 patients who've used me. That's a solid number to back up what I'm saying. Dr. Peter Bednarčík deserves the most credit for helping so many people since 2000. He started a consultancy, worked with AREKO, and recommended me to cancer patients as a support treatment. Word spread fast—patients told others, and Dr. Bednarčík guided them on using me. He'll share his story later, but here's the key stuff, backed by other doctors and some studies.

All cancer is associated with a weakening of immunity. In the beginning, for a tumor to form and establish itself, there must be long-term weakening or damage to the immune system. The tumor only takes advantage of the weakening and starts growing. During the treatment, the immune system's weakness deepens even more. Surgery, chemotherapy, and radiotherapy all weaken the immune system. I know I can strengthen the defense army of the immune system quite well, so it doesn't really matter in which phase the patient starts using me - I can always help. For example, before the start of tumor growth, I can act as a prevention, and a tumor may not appear at all. During treatment, i.e., during surgery, it is good to keep the immune system strong, so I can help there, too. During chemotherapy, there is no doubt I can help because I influence the immune system, and a patient tolerates the chemotherapy better when I am present. In addition, I strengthen the damaged white and red blood cells, so the person does not have to interrupt chemotherapy because their blood will be in better shape. It is also important that I help recover the liver and kidney cells damaged by chemotherapy, thereby significantly helping the body. As you can see, using me during chemotherapy is definitely worth it. Additionally, Dr. Kára discovered that at the cellular

level, I break the membranes (cell envelopes) of tumor cells, so the cytostatic agents can get inside the tumor cells better and faster and destroy them more effectively. Even during radiotherapy, i.e., irradiation, I'm not without meaning. That's because I strengthen defenses, and radiotherapy then damages the immune system less. If we sum it up, anyone who takes me as support during oncology treatment finishes the treatment with a strengthened immune system. Furthermore, the patient is much more resistant, not every infection "gets" them, and the patient is not as tired and is in better physical condition. After the treatment is over, it's a good idea to continue using me. Initially, to treat a weakened immune system and put the system completely in order. Then, also to guard against immunity weakening and thus increasing the possibility of tumor regrowth - i.e., the occurrence of recurrence. In some of the next chapters, we will also talk about how to dose me. Here, I will only say that during the treatment, the dose should be high, and then it should be gradually reduced. At the end of the treatment, it should continue for about half a year. Then, patients can use me only about twice a year as preventive treatment to strengthen the immune system and prevent recurrence.



What Else Can I Do for (Not Only) Oncology Patients?

People who have had cancer and are undergoing treatment for a primary tumor do not want the disease to return. They would like to do something about it, but they often don't know what can be done. What should such a person do? Try to live normally. Have a positive attitude and consider yourself healthy. But you also need to take proper care of yourself and value yourself and your health. You should sleep regularly and sufficiently,

eat well, and do sports, but not overdo it. Movement should be proportionate to age and capabilities. Older people can walk, and for younger people, activities like cycling, swimming, skiing, yoga, aerobics, or even just brisk walking are good. Movement keeps the body in good physical condition, which is also important for the health and strength of the immune system.

Nutrition's a big topic—endless books try to cover it. Learn a bit about eating healthy. Aim for regular, small, light meals—at least five a day. Mix in plenty of fresh fruits and veggies, avoiding artificial additives like colors and preservatives if you can. At first, shopping takes longer as you read labels, but once you know what's good, it's quick again. Skip sausages, red meat, and white sugar—they're not great for you. And if you've had cancer, never smoke! It constantly weakens your immune system, and "just a little" isn't an excuse.

People also often ask if they should use any supplements, "enhancers of immunity," vitamins, herbs, and other substances. Sure, yes! They can easily use more of them at once. Every single one of them works a little, but every bit counts. Most of these supplements also usually gradually lose efficacy after some time of honest use. That's why it's good to rotate various treatments throughout the year.



However, you need to pay attention to B vitamins; in addition to their positive effects, they can also support tumor growth cells. Therefore, be careful with B vitamins; take them carefully, and do not add them to your diet if they are needed. If you try to take care of yourself, it reflects on your psyche. You are less stressed and more confident that everything will turn out well. And that is very important! In oncological (not only) disease, mental state matters a lot. After all, body and soul are one ("The greatest mistake of doctors is to try to heal the body without healing the soul at the same time, body and soul are one. They cannot be treated separately" – Plato). That's the focus of my next lesson: a person who has suffered or is suffering from cancer should stress as little as possible.



Next lesson: stress less. Don't sweat the small stuff, or let others' nonsense get to you. Slow down, especially in the first five years after treatment. Things like frequent travel, saunas, or tanning can be tough. Skip overseas trips for shorter, nature-based ones instead—being outdoors matters. Before cancer, something was off (beyond genetics). If everything was fine, it might not have happened. So, rethink things and improve what you can—it can't hurt. Oncologists say patients need "healthy respect for this disease, but not sick fear." Ignoring it like it was just a bad flu can backfire with a relapse. Living in constant fear stresses you out and doesn't end well, either. If anxiety's a problem, talk to a psychologist or psychiatrist.

A heads-up: this chapter is my take as Ovosan, based on experience. It might not match your oncologist's advice.

So, What Are the Results of My Use by Oncology Patients?

So far, there are four main places where clinical trials have taken or are taking place with oncology patients.

1. **Dr. Peter Bednarčík's Consulting Room**

Since opening in 2000, thousands of cancer patients have visited Dr. Bednarčík's office by the year of 2014. He offers free consultations about me—my effects, dosing, and cancer basics—so patients can decide if I'm right for them. Most choose to use me throughout their treatment and can keep consulting him if they want. Thanks to his dedication, patient numbers keep growing—you can even reach him evenings and weekends via his phone service. He shares his observations there and will dive deeper into his experiences in the book's second part. For now, let's move to the next site.

2. **Consultation Practice in Prague**

This started in 2007-2008 at St. Elizabeth Hospital, then moved to Prague-Stodůlky in 2010. It came from a collaboration between breast cancer groups—Alen, Mammo Help, and ŽAP—and the AREKO company. They began with 30 breast cancer survivors who visited the office, met with an oncologist, and got my capsules regularly, following a set dosing plan. All liked me except two, who gained weight and dropped out. In 2009, they expanded to include patients with active disease or relapse, even with metastatic cancer spreading to multiple organs. Diagnoses varied widely. At first, they worried about finding enough volunteers, so they took everyone. Soon, though, demand outstripped capacity, so they started a selection process. They kept weight-gaining patients to build larger groups with matching diagnoses—like 27 with pancreatic cancer and 15 with brain tumors—for better results.



These patients used me alongside their doctor's standard treatment, with full approval from their physicians. No one messed with the standard care, and the lead doctor worked to convince a few who resisted it to stick with it. How did my patients do? Mostly great—no complaints! They handled treatment better, managed more chemo rounds, fought off infections, and felt less tired, both mentally and physically. You'll hear some of their stories later in the book. Sadly, a few with severe cases passed away—I can't perform miracles, just like standard care. Still, they stayed in good shape longer than expected for their diagnoses, often much longer, before a quick decline in their final month. Oncologists said this had a positive effect on me. I'll share specific results later in this chapter.

3. **Surgical Clinic, Comenius University, Martin, Slovakia (2009-2010)**

Here, a team of doctors ran a pilot study with 30 colorectal cancer patients, adding 15 of my capsules daily to their standard treatment. They tracked blood markers—like immunoglobulins (IgG, IgM, IgA), inflammation (CRP), and liver tests—plus quality-of-life surveys throughout. Patients had cancer at stages I-IV. The goal was to confirm that I'm safe for long-term use, and I passed! They felt good, kept their appetite during chemo, and showed only small dips in blood cell counts, which usually drop a lot with chemo.

4. **Medicon Facility (April 2009–2012)**

This three-year project followed 100 newly diagnosed breast cancer women through their first treatment year. Split into four groups of 25, half got adjuvant treatment (surgery, chemo, radiation), and half got neoadjuvant (chemo, surgery, chemo, radiation). For each type, one group used me, and one

didn't. They checked blood tests and quality-of-life surveys. Groups with me had better blood results, no side effects, and tolerated me well. They were less tired and more infection-resistant. Most importantly, it pointed to areas for future research.

Now, about those results from Prague: From the 27 pancreatic cancer patients, we focused on 10 with inoperable stage IV pancreatic cancer—the worst kind, often spreading to the liver and abdomen. Men and women of different ages have taken 15 of my capsules daily for life. All eventually passed away, but their average survival jumped from 4-7 months (without me) to 15 months. The longest survivor lasted 27 months, the shortest 7. They lived with better quality—no major pain, staying mobile and in decent shape—until a sharp drop in their last month. Oncologists called this life extension a success, over 50% longer than typical, per medical literature. However, to publish this, we need to conduct larger studies with more patients.

What Did My Patients Experience?

Across these sites, most said I made treatment easier—better chemo tolerance, fewer infections, less exhaustion, and a mental lift. Even those who didn't make it lasted longer and were in better condition than expected, a pattern oncologists linked to me. Full stories are coming later!

Dosage

My recommended dose depends on your situation, so it's personal. That's why the free Green Line OVOSAN exists—oncologists there tailor it for serious cases. Here's a simple guide:

- **Healthy People:** Once or twice a year, take 90 capsules (3 daily) for a month—split 1-1-1 (morning, noon, evening) or all at once. To boost and balance immunity as a preventive measure.
- **Cancer Patients in Remission (5+ Years Disease-Free):** Twice a year, three capsules daily for two or three months (one dose or 1-1-1). This regimen will help improve the condition of the immune system and works as prevention for post-treated patients who have no health problems.

- **Slightly Weakened Immunity (Acute or Chronic Illness):** Twice a year, 6 capsules daily (e.g., 3-0-3 or 2-2-2) for one to three months. For the other three or six months, drop to two capsules daily or take a pause.
- **Stage I/II Cancer (0.5-5 Years Post-Treatment) or Very Weak Immunity:** To prevent relapse or support chronic weakness, take six capsules daily (3-0-3 or 2-2-2) for 2 months, twice a year if 0.5-2 years post-treatment, or once if 2+ years. For heavier folks, up it to 9 (3-3-3) per day.
- **Newly Diagnosed or Recurrent Cancer (First 6 Months):** At least six capsules daily (3-0-3 or 2-2-2). Increasing the dose to 9 to 12 capsules per day is recommended. For heavier folks, up the dose to 9 (3-3-3) to 15 per day. Contact support support team for more information.

IMPORTANT: Some try to save money by buying only one box and then "save" by using only one capsule daily. That's too low to help even a mildly weak immune system. Higher doses (like above), even for less time, work best—I can't be made stronger due to tech limits. Kids over four can take half the adult dose if they can swallow (chewing's fine). A liquid version is in the works for little ones.

Other General Guidance of Use

Here's some practical advice for using me, Ovosan:

1. **Stay Hydrated:** Drink plenty of fluids—it helps me to work better.
2. **Timing:** Take me before or after meals—your choice. My gelatin might bother some stomachs, so after eating, it could be easier, but most people do fine on an empty stomach, too.
3. **Body Weight:** Higher doses depend on your size. My standard dosing fits an average adult— if you're much heavier, bump it up a bit.
4. **Dosing Flexibility:** No need for exact timing like with antibiotics. I just need to stay steady in your system—minutes or hours don't matter. For lower doses, split them morning and evening. Higher doses? Add noon. If a doctor ups you past 15 capsules daily (talk to the Green Line first), spread them out more. Don't like swallowing a bunch at once? Take one every hour if you've got the time—it might even work best that way.

5. **Drug Compatibility:** I play nice with other meds—no known issues with stuff like blood pressure or diabetes drugs. Still unsure? Ask your doctor.
6. **Special Cases:** Skip me during or before a transplant—your immune system's suppressed then, and I'd fight that. Egg allergies? Check with a physician first. Always consult in these situations.
7. **Ease in and Out:** For doses over 6 capsules daily, start low and build up gradually. The same goes for cutting back—wind down slowly.



Other general guidance of use

1. Adhere to the drinking regime - plenty of fluids.
2. It is up to you whether you take me before or after a meal. For some, my gelatine can be hard to digest, and therefore, the "after meal" option will be better for you. But most people have no problems even when taking me on an empty stomach.
3. Bodyweight also needs to be considered. When taking higher doses, the dosage is set to the average weight of an adult person. At a significantly higher weight, it is appropriate to increase the dose.

4. There is no need to follow the exact dosing time and precise interval between doses, such as with antibiotics. The goal is only to maintain my level in the body. Minutes or hours are not that important. At a lower dosage, half is a sufficient dose in the morning, half in the evening. If the dosage is higher, we add a dose at noon. Exceptionally, if a doctor decides on even higher doses than 15 capsules per day (recommended to consult with a doctor, e.g., on the Green Line), it is better to separate the dosing into more than three doses. It doesn't matter if you want to create a system to swallow one capsule every hour if you do not like more capsules at once. If such a user has time for it and can manage it, it's probably the best type of dosing anyway.
5. I do not have any contraindication with any known drugs. Therefore, you can take me even if you are taking medication for high blood pressure, diabetes, or other diseases. If you still aren't sure, you'd better consult your physician.
6. I cannot be recommended during the post-transplant or waiting period for a transplant. This is always accompanied by efforts to suppress the immune system, and here, I could work against these efforts. It is always necessary to consult a physician. Also, people with egg allergies should consult their physician.
7. For doses of Ovosan higher than six capsules per day, it is recommended to increase the daily doses gradually and similarly gradually reduce when terminating.

What Do Doctors Think of Me?

Some of them will share their experiences with me in the second part of the book. Here, I will only tell you about my encounters with doctors. And there were a lot! They are usually very nice to me but skeptical at the beginning. They put me in the group of all other dietary supplements, and they do not have much confidence because they have not passed preclinical and clinical studies, and there is no mention of them in the professional literature. There are many supplements out there; some are more effective, some less, and some not effective at all. Anyway, doctors don't even have the time or capacity to acquire hard-to-get and hard-to-verify information. That's why they are careful. For this reason, there are quite a few oncology patients whose doctor did not recommend my use or outright prohibited it. Most of the doctors who were very skeptical of me are, therefore, still skeptical and will probably remain skeptical forever. Over time, however, there are more and more doctors who have personal experience with me. And their opinions vary widely. From individual oncology patients – e.g., one, two, or three – it is very difficult to evaluate if and how much I was useful. Depending on how they feel about my impact on a unique set of patients who admitted that they used me, you may encounter opinions such as: "I can't say if I can recommend Ovosan to you," or, "I can't

recommend Ovosan, but it cannot harm you." Or, in a better case: "Try it; one or two of my patients were very satisfied, but there are no guarantees."

Year by year, however, there are more and more doctors who have had the opportunity to get more direct information and experience with me, so they recommend me to their patients. However, always be used as a supplement, not as a replacement for the standard treatment.



Frequently Asked Questions (Except Dosage) Are Listed Here

Frequently Asked Questions (Except Dosage)

1. **When can I use Ovosan in connection with the usual oncology treatment?** Preferably all the time, that is, before the operation, and for sure during chemotherapy and radiotherapy.
2. **My oncology treatment has already ended. Should I continue to take Ovosan?** Yes. About half a year after the end of treatment, switch to the regimen of regular treatments, when we do not use Ovosan for 4 months and then take 6 capsules a day for 2 months. It is advisable to maintain this regimen for 5 years.
3. **Does Ovosan prevent cancer if it runs in my family or if I've got weird symptoms?** Yup, it makes sense—I boost immunity, and prevention's key. Take six capsules daily for 2 months, rest 4 months, and repeat.

4. **Can I mix Ovosan with meds like blood pressure or diabetes drugs?** Yes. So far, we haven't encountered any problems with its use with other drugs. We do not recommend using Ovosan after transplantation. They should consult a doctor about possible use with a doctor.
5. **I take other dietary supplements or herbs that should help oncology patients. Can I add Ovosan to this? I'm afraid the effects will cancel each other out.** You can easily use it all together with Ovosan. Each has a different mechanism of action, and therefore, they don't interfere with each other. The supplements just shouldn't contain the same active ingredient. Also, watch out for supplements that somehow burden the digestive system, so you should not take more of them at once to make sure the load is not too high. Comply with all instructions and dosage.
6. **Can Ovosan help with diseases of the central nervous system, such as multiple sclerosis, Alzheimer's, or Parkinson's disease?** Yes, it can. It is a suitable supplement for these patients. The progression of these diseases may be slower. However, by no means does Ovosan remove the cause of these diseases or cure them.
7. **Can Ovosan be used by children and pregnant women?** Yes. No problems have been experienced with them even during long-term use. It is advisable to consult your doctor about the dosage.
8. **Can Ovosan be used by a seriously ill oncology patient to whom the doctors give almost no hope?** It certainly can. The dosage needs to be consulted with a physician. A recovery cannot be guaranteed, but a possible extension and improvement of the quality of life can.
9. **Can long-term use of high doses of Ovosan cause an increase in cholesterol in the blood?** Taking Ovosan does not increase cholesterol levels. It can actually help to lower it as it contains phospholipids based on Omega-3 and other fatty acids that have been linked to lowering cholesterol.
10. **Are your eggs checked for bird flu?** Yes, I'm made from eggs at tightly monitored farms.
11. **Egg or egg protein allergy; can I use Ovosan?** Proteins are mostly removed, but tiny traces might linger. If your allergy's severe, skip me or test a small dose after talking to your doctor.

PART TWO - Case Studies and Testimonials

Here are stories of oncology patients who were helped by Ovosan. The stories are always processed by a doctor who provides ongoing consultations with the patient and advises them on the use of Ovosan. In addition to the doctor's assessment of the course of the disease, most stories also include the patient's own narrative.

The stories were prepared before the completion of this book in 2014. That's why the stories end in 2012, and the patient's current updates are added separately at the end of their story. These are patients who received standard treatment from their oncologist and also took Ovosan under the supervision of one of the following four physicians:

Peter Bednarčík, MD, Ph.D.

Department of Military Hygiene, Faculty of Military Health, University of Defense, Hradec Králové

Patient: S. V., female born 1948

Initial Examination: Since the fall of 2003, the patient was examined for a loss of appetite. The doctor suspected gallstones and identified jaundice (yellowing of the skin, typically indicating liver problems). An infectious cause was ruled out. In December 2003, a gastroscopic and later histological exam confirmed a duct tumor on the head of the pancreas, involving the head of the pancreas and infiltrating the wall of the duodenum and surrounding tissues.

Therapy

On December 17, 2003, a radical resection was performed, removing the head of the pancreas, $\frac{2}{3}$ of the stomach, the gallbladder, duodenum, choledochus, and proximal jejunum. Oncological treatment was not initially indicated. Further monitoring was recommended. In April 2004, an increase in tumor markers was detected. On May 24, 2004, a PET/CT examination concluded that there were two mesentery lymph nodes with tumor metastasis. Combined radio and chemotherapy were recommended, starting in June 2004.

After completing the first round of chemotherapy, supportive treatment with Ovosan was considered and started on July 21, 2004, with a dose of 9 capsules per day during the entire oncological treatment. A control PET/CT on November 11, 2004, showed a significant reduction in lymphatic nodules in the mesentery, with no other suspicious

deposits. The last chemotherapy session was on December 14, 2004. Tumor marker levels were standard at the follow-up in February 2005. A follow-up PET/CT three months after completing treatment showed no tumor pathology. All other follow-up examinations until March 2012 showed no evidence of tumor pathology.

Doctor's Comment (March 2012):

Supportive treatment with Ovosan was given during the entire oncological treatment to minimize unwanted side effects and increase its effectiveness. It was still successful six months after completing oncological treatment, promoting healing and regeneration. For the next two years, Ovosan was given in preventive doses of 6 capsules per day for two months at six-month intervals to reduce the risk of recurrence. Since 2008, a two-month preventive dose of Ovosan has been given once a year.

A Note from the patient to Dr. Bednarčík (shared with permission):

How Cancer Met Me by S. V., born 1948

In the fall of 2003, I returned from a vacation in Croatia. About a week later, I noticed my urine was dark. I thought I needed to drink more water because I wasn't well-hydrated due to the heat. I also stopped enjoying eating and developed an aversion to meat. I thought it was fine since I might lose some weight, but I was also very tired. One day, I took off my glasses in front of my colleagues at work, and they told me I had a peculiar yellowish "tan" and yellow sclera. Looking back, I realize one of my problems was my foolishness. If someone else had told me about their troubles, I would have thought about them and tried to come up with the best solution to help them. But I didn't think about myself that much.

I finally went to see a doctor. If I remember correctly, my GMT (Geometric Mean Titer - number of antibodies vs. a disease) value was 36 for Hepatitis. They told me that an infection by hepatitis was unlikely. I went to see an intern at a university hospital. They did a gastroscopy and found that the Vater's Ampulla was blocked. They palpated the ampulla and took a sample for histology. They also found gallstones on ultrasound and recommended surgery. There were some scheduling problems, and my histology analysis results were only available a week later. At first, the pathologist called me to say that the findings were fine. However, the gastroenterologist had some doubts and, after my gallbladder surgery, wanted to collect another sample for testing. They suggested I might need another surgery. The whole situation worried me a lot, and a friend recommended I get another examination by a different gastroenterologist.

The new doctor did another gastroscopy and sonography. According to the sonography exam, I didn't have any gallstones and never had, so any gallbladder surgery was pointless. Three days later, the new doctor called to say that some of my blood counts were high, and samples were sent for further verification. Two days after that, they

called again to say that the finding was positive and they suspected a pancreatic carcinoma growing on the Ampulla of Vater. Since the sonography didn't find anything on the liver, they concluded that the situation could be solved surgically. This meant an operation to remove the tumor along with part of the pancreas, the Ampulla of Vater, the duodenum, the gallbladder, and part of my stomach.

They arranged surgery at a specialty facility in Brno, where they confirmed the finding. On December 12, 2003, I had a 4½-hour surgery followed by 11 days in the ICU. They gave me painkillers and tranquilizers, and my memories from that time are very foggy. I felt like I was sleeping on a switchboard. My fellow patients and I could freely talk to our families and friends on the phone to feel better. I also had very colorful and vivid fantasy dreams, almost like hallucinations, with projected conversations about making porch windows, selling a pig, the quality of a broom, and so on. In one of the foggy dreams, I also experienced being taken to have my clavicle pierced.

Once a day, a nurse brought me water for washing, and the rehabilitation nurse came to collect all the tubes and wires connected to me. She handed them to me, and I had to walk back and forth down the hall with her. After 11 days, I was transferred to another room shared with ten other patients. There were many visitors, which felt a bit awkward, but the atmosphere was friendly. The next day, they disconnected me from IV nutrition, and I was allowed to walk around. One patient lent me crutches, and another walked with me. Everyone excitedly welcomed me back. This was nice since the restrooms were at the end of a long corridor. The food tasted burnt, and I was constipated.

Then my partner came to visit me. He said he had been visiting every other day, but I didn't notice because I was in a delirium. As a Christmas present, he paid for above-standard hospital treatment. For the first time, with his help, I properly showered. I had a TV and peace in my luxury hospital suite. Then, I learned that my surgeon was quitting and leaving for the UAE (United Arab Emirates). I was his last patient. The surgeon took a vacation but still visited me two or three times. It wasn't a very pleasant experience, and the aftertaste lingered. Constipation did, too. Someone advised me to drink coffee, so I slowly made my way to the coffee machine, and it really helped!

They gave me a diet for gallbladder or pancreatic disease, including yogurt. I remember getting so bloated. It was the weekend, and I didn't want to bother anyone. I was in pain and realized how a horse with colic must suffer. No one was in the headquarters, but it wasn't locked. There were a long corridor and stairs, so I staggered over there and walked back and forth, up the stairs and down the hall, drenched in sweat, until the pain finally subsided. When I told the attending physician that the yogurt didn't agree with me, he was furious that they had given it to me.

They let me go home on New Year's Eve, and my boyfriend gave me a ride. The associate professor of medicine who operated on me visited me before the surgery and

told me that everything was fine and that I wouldn't need years of radio or chemotherapy. However, as I later found out, he hadn't seen my histology report. The hospital was about to close down, and there was probably some confusion. The report described metastases in the surrounding lymph nodes. I went home, followed a diet, and had digestive difficulties. They prescribed Creon, which relieved my constipation. However, I had trouble sleeping and was always very cold. I could only manage to sleep lying down for about three hours before the pain woke me up. The area after the surgery was sore, and I had a lot of back pain.

After three months, in April, I finally started to feel better and went back to work. Sitting was difficult, so I sometimes lay down on a couch in a study. I didn't take painkillers because I was afraid of becoming addicted. I ate less food since I had only a third of my stomach, but I ate more often. Looking back, I would say that stomach size reductions, like those done for obese people, are useless without self-discipline. When you motivate yourself and push through the difficulties, even a third of your stomach will expand over time, and you'll gradually manage a full-size meal. I forced myself to eat despite the difficulties because I thought, "Maybe the metastases will return, and I will be weak and unable to fight!" I lost 15 kg during the treatment.

The treating doctor prescribed a wellness spa stay for me, and I went to a very nice wellness center in Luhačovice. However, after about a week, I was covered with blisters from my neck and back through my stomach and legs. So I couldn't have baths or massages. Back at home, my dermatologist discovered that it was a rash due to a weakened immune system. I got over it and started working again.

During a checkup in 2004, they found high tumor markers, so they sent me to Prague for a PET/CT scan, where they found metastases in the paravertebral lymph nodes. Surgery was planned in Olomouc, but they told me it was very complicated. They wouldn't know if they were operating on the right nodes, the intervention would be risky, and the outcome uncertain. So, they sent me to Novy Jičín for radiotherapy. That place was (and maybe still is) at a higher level compared to the university hospital where I was previously hospitalized. I had unpleasant experiences there, as I described. That's when I learned about you and Ovosan and contacted you, Dr. Bendarcik. I must say, without wishing to flatter you, that the interview with you calmed me down and helped me a lot. I started using Ovosan according to your instructions, which I was convinced—and still am—were very helpful and essential for my successful progress going forward.

What to say about chemo and radiotherapy? My postoperative digestive symptoms brought complications. Right after radiotherapy, I drove to the treatment, which took about 3-4 hours. The care at the facility was very good. I was given Zofram to prevent nausea, which I took on the way to the treatment. I tried to take it again after

chemotherapy, but I felt sick for an hour. Then, I managed to make it home. I generally felt worse after chemotherapy than after radiotherapy. I was very weak and couldn't move much, even the next day. But in the meantime, I kept going to work. Sitting at home with all these difficulties, I thought I would become mentally ill soon. I can't remember how many cycles I went through; people tend to forget unpleasant experiences. My chemotherapy also had unpleasant neuropathic effects on my hands and feet. I mostly remember driving my car, shifting gears, and hitting the brakes and gas pedals while crying out in pain. The neuropathy symptoms slowly subsided about three months after the end of chemotherapy. I remember the last shock came right before the planned end when I visited Homolka Hospital in Prague again. Everything seemed fine, but right after returning home and getting the results, I was presented with another round of chemotherapy.

Since then, I've been pretty much trouble-free. There were some minor complications, but they seem marginal compared to the serious oncology disease. Within about a year of finishing chemo, I was diagnosed with an ulcer in the anastomosis. I have a sliding hernia and take Helicid. Occasionally, I experience wild pains associated with antiperistaltic waves, but they only last a moment, mostly after some exertion. Last year, I was diagnosed with diabetes, like post-resection syndrome. I inject Actrapid insulin three times a day, and it works.

It's interesting that I tend to view all my other aches and pains as complications of the previous pancreatic cancer. When my spine hurts (I have scoliosis and osteoporosis), I immediately think, "What if it's related to the pancreas?" As for my mental state, I didn't have any deep depression. Everything went so fast. Before the surgery, I had to ensure that care for my mother was handed over to my sister, who had been "protected" until then. I had to organize my affairs and make sure my estate and will were well documented and accessible. (As I told you before, I bought a lot of gifts for my family. I also shopped for clothes and shirts for my partner so that when I'm gone and he finds someone after a while, he'll be well-equipped.) Then, I started treatment and focused on coping with pain and discomfort daily. I appreciate this experience and value every moment when I feel alright. I'm glad when the weather is nice outside, when I have a new crossword puzzle in my inbox, and that I still have a job I enjoy (I am retired but still work part-time). I appreciate that I can be useful because I believe that is the meaning of life. During my illness, I realized how many people care about me and love me. They let me know that, and it helped me a lot. These people were my partners, family, and friends. Even people with whom I only had work or friendly but distant relationships, or even the patient I shared a room with in the hospital when I was getting ready for surgery, let me know they wanted to help me. That is a very beautiful thing. I believe this is how we should behave towards each other in everyday life. After all, Christian teaching says, "We know not the day nor the hour." It may happen that we don't make it

to others to show them our encouragement, sympathy, or love. Well, I almost had it counted, which made me enjoy the rush of sympathy and empathy from others all the more intensely. So I can also say that the experience with the disease enriched me mentally.

To sum it up, I think I got a lot of luck. The disease was discovered just in time because my Ampulla of Vater was blocked, which showed symptoms. The cancer did not spread to the liver. At that time, I think metastasis into the liver would have been fatal. Importantly, a radical invasive surgery was performed by a great expert surgeon. Also, the follow-up therapy was equally important, including Ovosan, which I still use every year as a preventive measure. I don't think any of the treatment interventions would have saved me alone. I am convinced that the combination of treatments I underwent was the best that could have been done. I probably wouldn't dare to use only Ovosan and not undergo surgery or subsequent chemo and radiotherapy. But I am just as convinced that Ovosan helped me fundamentally in combination with the rest of the treatment procedures. I started using Ovosan relatively late when I found out about it. I consider it possible that if I had started taking it immediately after the diagnosis, metastases might not have occurred, and I would have been better throughout the course of the disease. February 2012, S.V.

Current status at the beginning of 2014 – ongoing oncological remission of the disease, all control examinations are without evidence of tumor pathology.

Patient: J. S., male born in 1935

A patient with CHD (coronary heart disease) visited an ophthalmologist in mid-2007 after noticing vision problems in recent months. An eye exam on July 2, 2007, revealed a retinal tumor above the optic papilla, measuring 9.5 × 7.5 mm. Various pigmented, it was suspected to be melanoma, and doctors recommended enucleation—removing the eye. J.S. firmly refused and looked for other options.

On July 5, 2007, he came to me, Ovosan, through a consultation to explore my potential. I suggested a daily dose of 15 capsules as a supportive therapy, stressing he'd still need targeted eye treatments. He agreed. After two weeks of using me, J.S. reported feeling better—a subjective improvement.

Therapy

In mid-August 2007, J.S. underwent a gamma knife procedure at Homolce Hospital in Prague. He's since been monitored regularly by an ophthalmologist at the Central Military Hospital in Střešovice. Follow-ups showed steady progress:

- September 20, 2007: Tumor shrank by 2 mm.
- April 1, 2008: Measured 5.1 × 11 mm—another regression.
- November 22, 2008: Down to an average of 5.1 mm, half its original size.
- April 2009: Reduced locally to 3 mm.
- January 2010: Slight further regression, stable findings, and negative oncoscreening.
- September 11, 2011: Eye stable, no activity in the bulb.

J.S. took me at 15 capsules daily for two years, then dropped to a maintenance dose of 9 capsules per day. With the melanoma shrinking, the lesion stabilizing, and his quality of life staying excellent, we've kept him on nine capsules, confirmed at regular eye checkups. The latest exam on July 11, 2013, showed the tumor down to 1 mm—nearly gone—with a follow-up set for a year later.

A Note from J.S. to Dr. Bednarčík (Shared with Permission):

Good evening, Doctor.

I want to share my experience with Ovosan, hoping it helps others, too. In the summer of 2007, at 72, I suddenly saw a constant 2 cm black spot in my left eye. On June 30, 2007, Thomayer Hospital in Prague-Krč diagnosed a tumor in that eye. Specialists at University Hospital Karlovo Square suggested removing it by taking out the eye entirely. The tumor was 11 mm, near the optic nerve, with a risk of spreading to my brain or head. I reached out to you, Dr. Bednarčík, and showed you my reports, and you explained how Ovosan could help a body with cancer. I chose this alternative, starting Ovosan in early July 2007—5 capsules three times a day, 15 total. I kept that up for two years.

After 14 days, the black spot vanished completely. In August 2007, I had a gamma knife procedure at Homolka Hospital in Prague, where I still go yearly and see tumor shrinkage. Every six months, I check in at ÚVN Hospital in Prague-Střešovice, and the findings stay stable. After two years, I cut back to 9 capsules daily (3-3-3), and I'm still on that now. At 77, I feel fit, handle daily life well, and enjoy it despite my age. I'm thrilled with Ovosan—beyond high blood pressure and the odd cold or cough, I don't need other treatments. I credit Ovosan for that.

Sadly, the cost is a big strain on my family's budget. I worry many cancer patients can't afford it.

Sincerely,

J.S., February 2012

Update - February 2012. Last eye check from 7/11/2013 with conclusion: complete regression of prominence up to 1 mm, check-up in one year.

Patient: K.K., female born in 1992

An 11-year-old girl underwent a comprehensive examination in June 2003 after an epileptic seizure.

CT and MRI of the brain showed a 4.5 cm front-left temporally. Subtotal extirpation of fibrillary astrocytoma was performed on 22 September 2003 F-T left, CT from 14/10/2003: possible residual tumor in the area of the left basal ganglia, chemotherapy was started according to the protocol for SIOP low-risk gliomas.

Therapy

Supportive treatment with Ovosan started on October 17, 2003, in a daily dose of 2 – 1 – 2.

MRI dated 11/02/2004 showed a regression of the finding by half-size up to 11 mm. MRI of 6/2/2004: further regression of the lesion to 8 mm, no new pathologies. MRI from 8/2004: Tumor regression to 5 mm.

Control MRI in 4/2005 – no pathological findings, only the rest postoperative changes. She used Ovosan throughout chemotherapy and after it ended, two more months in a daily dose of 5 capsules a day until the end of June 2005. Subsequently, Ovosan was deployed every six months as prevention of relapse for two months each time. Control MR from 9/2006 and from 3/2007 - no signs of recurrence, only worse memory and average achievement. Since 2008, two-month prevention with Ovosan has been implemented in a dose of 2 – 2 – 2 once a year.

A note to Dr. Bednarcik from the patient (shared with permission):

Hello,

I am the mother of a 19-year-old daughter, Kateřina. At the age of eleven - in June 2003 – she was diagnosed with epilepsy. After passing various examinations (CT of the brain, magnetic resonance), doctors found the cause of her seizures: a brain tumor, fibrillary astrocytoma with a size of 4.5 cm. For us, it was perhaps one of the worst news we have ever received and what I imagine one can find out as a parent of a child. In September, a surgery took place, but unfortunately, the doctors could not remove the whole tumor so they wouldn't endanger her life. The piece that remained had the largest diameter of 2.8 cm.

Immediately after the operation, we got in touch with Dr. Bednarcík, and according to his recommendation, we started using Ovosan as part of supportive treatment. Katka was

subsequently treated in the oncology department with chemotherapy, and the doctors marveled at the results. Every time I checked, magnetic resonance imaging showed the tumor itself gradually diminished and disappeared. We were really excited about the course of treatment. The treatment lasted about 1 1/2 years, and the daughter used Ovosan during the entire time. The final diagnosis after the end of the treatment was "no findings".

Today, the treatment is over, and Katka feels healthy. We are still in touch with the doctor, and we will continue to use Ovosan in bursts of preventive treatments to prevent the return of this terrible disease. We are very grateful for his help, and I really enjoy watching children that have undergone similar ordeals as our daughter, to whom we also recommended Ovosan and who are still among us. However, at the beginning of the treatment, it was not so good. My daughter was included in a group of ten similarly aged children with the same brain cancer, and we met during treatment sessions and check-ups and discussed the health of our children. Our daughter was with everyone who started chemotherapy according to the newest treatment procedure. A follow-up examination was always carried out after about four months by magnetic resonance imaging, and the treatment effect was evaluated. For all children, the first inspection revealed deterioration of the finding and enlargement of the tumor. Only for Katka, the tumor was reduced to half of its initial size.

The mother of the boy, who was also treated and had a worsening of the findings, asked me how it was possible that everyone was worse off and my daughter was improving. I told her that in addition to the standard oncological treatment, a supportive treatment with Ovosan is in place, and I got her in touch with Dr. Bednarčík. And so little Daniel also began with supportive treatment with Ovosan. It was during further checkup examinations when an improvement of the condition and shrinking of the tumor was found in two children, Katka and Daniel. Other children's conditions continued to deteriorate, and unfortunately, within approximately one year of starting treatment, there were deaths, and only our children remained, for whom concurrent supportive treatment with Ovosan was employed. Katka's every future checkup indicated the disappearance of the original tumor and a completely negative finding since the first time in April 2005. Since then, all the results are negative for cancer.

During an MRI in 2010, doctors began to think about the possibility of removing a shunt, which was placed in when Katka was operated on in September 2003 before part of the tumor was removed. In November 2010, a shunt ligation was performed as a trial to demonstrate that our daughter could survive without the shunt. It was a very long half year when we constantly observed our daughter to make sure she wasn't sick or if we should hurry to the hospital. Fortunately, the attempt was successful, and in June 2011, the shunt was completely removed. The last checkup examination was in April 2011, again finding no cancer. Today, Katka attends high school. She is in his third year and trying to graduate successfully so that she can help people who need her and to whom

she can pass on the experience she inadvertently gained during the worst period of her life.

At Daniel's, who started with Ovosan much later, and where except deposits in the brain were also metastases in the spinal cord, it occurs gradually the slow reduction of the find due to intensive experimental oncological treatment and supportive treatment with Ovosan. To this day, we are in contact with Daniel and his mother, and his daughter corresponds with him quite often. Based on these experiences, I have already recommended Ovosan to several people, not only children but also adults with cancer. I am convinced that supportive treatment with Ovosan was an important factor for Katka and tipped the overall treatment in the right direction.

As a mother, I would first of all like to thank everyone who contributed to my daughter's recovery, especially Dr. Bednarčík, to whom I could turn to at any time and with whom I could have consulted the entire course of treatment.

Current status at the beginning of 2014 – ongoing oncological remission disease, all control examinations are without evidence tumor pathology.

Patient: K. M., female born in 1945

The patient underwent surgery in 2004, followed by chemotherapy and radiotherapy for colon cancer. Further dispensary. After four years, in 6/2008, she was diagnosed with a recurrence of the disease - deposit in the pelvis- os sacrum, involvement of the S3–4 vertebra, infiltration bone marrow. She immediately started supportive treatment with Ovosan 9 capsules daily, which she used simultaneously with the indicated palliative chemotherapy (Avastin + Campto + Xeloda + Bonefos). 6 series planned.

Therapy

After the 3rd series of chemotherapy, she contacted the consulting room of Dr. P. Bednarčík, who increased her doses of Ovosan to 12 capsules daily from the end of 8/2008. MR dated 30/09/2008 – half tumor bearing, item no. 2 cm. 11/18/2008 last 6th round of chemotherapy and due to good treatment tolerance and a good therapeutic effect determined add another 6 series. MR 7/1/2009 – reduction by 3 mm.

After the 10th round of chemotherapy on 11/02/2009, there were fluctuations in blood pressure and diarrhea. She decided not to undergo the last two chemotherapy treatments. It is recommended that Ovosan be increased to 15 capsules per day. 18/05/2009 PET/CT - no pathological focal changes. Colonoscopy 6/9/2009 – physiologist. finding in the cecum, anastomosis intact; check-up 11/09 – no signs of relapse. All checks have been further without signs of recurrence of the disease until

now. Ovosan is further used in preventive doses of 6 capsules per day until the end of 2010, then dropped. In the next period, she used Ovosan after a six-month break for a period of two months as prevention of recurrence of the disease in a dose of 6 capsules daily.

A note to Dr. Bednarcik from the patient (shared with permission):

Hello Doctor,

I am sending you my personal experience with the treatment of my illness. Between 2003 and 2008, I underwent surgery and chemo and radiation therapies for colon cancer. In June 2008, during a check-up in Prague, I had a PET/CT scan, when a tumor was detected in the area of the lumbar spine and coccyx. Subsequently, in July of the same year, chemotherapy was started again, which I ended in February 2009. As a result of this further finding, I started looking into the possibility of other treatment than just chemotherapy, and I started reading all the available literature and getting information about other treatment options. That's when I heard about the supporting treatment with Ovosan, and that's how I got into direct contact with you. After a personal visit and consultation, I started taking Ovosan before the start of the chemotherapy treatment. During the entire course of chemotherapy, I did not have any side effects like some patients I have met (e.g., vomiting, weight loss, necessary rest, and great fatigue in between applications). I always consulted the amount of Ovosan used with you. After a year of using Ovosan and a subsequent check-up in Prague, no finding was detected on the PET/CT machine, the results were negative. That actually reminded me of the very beginning of my health problems, with which I am through now. I have turned to an associate professor from Brno University Hospital, who, after reviewing my diagnosis, stated that the finding in the area of the spine and coccyx will likely remain there even after chemotherapy, which will, however, prolong my life. I am convinced that I am healthy and fully recovered, thanks to the regular use of Ovosan, which is also confirmed by the results of regular health checkups. At this time, I always use Ovosan as a preventive measure after consulting with you. Doctor, thank you very much for the care you gave me during my treatment.

With thanks and best regards,

Your patient K. M., 23/02/2012

Current status at the beginning of 2014 – ongoing oncological remission of the disease.

Patient: J.J., female born 1974

J.J. had an ependymoma removed in February 2003, followed by radiotherapy and regular monitoring. In April 2007, a checkup revealed a tumor deposit in her frontal lobe. On April 23, 2007, she underwent a total resection at the Central Military Hospital in Prague, with histology confirming glioblastoma. I, Ovosan, was recommended at 12 capsules daily.

Therapy

An MRI on August 20, 2007, showed a small remnant of the tumor. She started radiotherapy, followed by Temodal (chemo) and antiepileptic therapy, with me as support. A control MRI on November 13, 2007, found the remnant stable—no growth. By February 2008, she'd completed her sixth Temodal dose. An MRI on March 18, 2008, post-resection, showed no progression. To prevent recurrence, we adjusted my dose to 6 capsules daily (2-2-2) for two months once a year. Control EEG in April 2008 discontinued antiepileptic therapy. MRIs in November 2008, February 2010, and October 2011 showed no relapse signs.

A Note to Dr. Bednarčík from J.J. (Shared with Permission):

In April 2007, I had brain surgery at the General Hospital in Prague to remove a tumor—my second such operation. The first, years earlier, wasn't malignant, but this time, histology revealed a C711 glioblastoma diagnosis. Doctors didn't offer much hope for a long life. My family rallied to help, and a friend of my sister's mentioned Ovosan, giving us your contact, Dr. Bednarčík. I visited you with my mom to learn how Ovosan tackles cancer cells. Convinced, we started me on it right away.

I began Ovosan before treatment at the Radiation Oncology Department at Na Bulovce University Hospital. The process went smoothly, my only issue was post-surgery fatigue. You guided me on dosing, gradually lowering it. For the last three years, I've taken Ovosan once annually for two months at a maintenance dose of 6 capsules (2-2-2). I feel good, work full-time, and have regular MRIs at the National Institute of Public Health in Prague, which confirm that Ovosan keeps me healthy.

J.J., February 22, 2012

Current Status (Early 2014): Ongoing remission, no tumor evidence on checkups.

Patient: M.R., female born in 1916

In the summer 2005, M.R. was diagnosed with a massive colon tumor (descending to sigmoid) the size of two fists, involving the small intestine's mesentery and pea-sized liver metastases.

Therapy

On July 26, 2005, she had a palliative surgery. Given the widespread cancer, her overall health (COPD, CHD, hypochromic anemia), and age, no further oncology treatments were started. After consulting Dr. Bednarčík, she began long-term use of me, Ovosan, on August 11, 2005, at 6-9 capsules daily to improve and extend her life.

Information About the Patient

M.R. celebrated her 90th birthday on November 13, 2006, still taking 6 capsules of me daily. She lived alone, cooked daily, walked, and remained self-sufficient.

A Note to Dr. Bednarčík from Petra S. (Shared with Permission):

Hello, Doctor,

In 2006, I asked your advice on helping my grandmother, born in 1916, with her colon cancer treatment. At 89, surgery revealed liver metastases, and given her age and prognosis, we skipped chemo. You suggested Ovosan. I'm so thankful—it helped her live to 94, passing in November 2010. She died March 9, 2011, at 95 in hospice. She took Ovosan the whole time except her final month—8-6 capsules daily at first, then 2 in her last year (she refused more). Thank you, and I wish you success and health.

Petra S., March 17, 2012

Patient: V.B., male born in 1950

V.B. sought care in May 2007 for worsening shortness of breath. In August 2007, he was diagnosed with stage IV non-Hodgkin follicular lymphoma: malignant pleural effusion, enlarged lymph nodes (mesentery, retroperitoneum, mesogastrium, cervical, inguinal), 45% bone marrow infiltration (per FACS), and hepatosplenomegaly stage IV.

Therapy

From August 6, 2007, he underwent three R-CHOP chemo cycles. Post-treatment tests (bone marrow histology, immunophenotyping, CT, PET) showed less than partial remission. Due to poor response, he switched to R-ICE salvage chemo on October 9, 2007. The second cycle was delayed by leukopenia, and after the third cycle with mobilization and Mabthera monotherapy, stem cell collection failed. His condition worsened.

On December 19, 2007, he began R-FCM immunochemotherapy. On December 29, he consulted about me, Ovosan, and started 15 capsules daily alongside treatment. A CT after two cycles on February 29, 2008, showed 50% node regression and less lung effusion—subjective improvement, too. Chemo stopped after the third cycle due to leukopenia and anemia. Though feeling good, no fourth cycle was planned—just Rituximab immunotherapy and growth factors, ending March 3, 2008. I continued at 15 capsules (5-5-5) until a planned transplant. A May 6, 2008, CT and bone marrow biopsy confirmed complete regression. In excellent health, he awaited a donor for allogeneic bone marrow transplantation.

In September 2008, a German donor was found. Hospitalized on September 8, and he had the transplant on September 16. A September 25 checkup showed good condition. Pneumonia hit in February 2009, but a May 2009 PET found only residual lung effusion—no pathology. On immunosuppressive therapy, he marked 333 days post-transplant by August 15, 2009, feeling healthy, working, and doing masonry and gardening. In fall 2011, a virus led to pneumonia and effusion, treated with antibiotics and antifungals—improving within six weeks. Bimonthly checkups stayed cancer-free. From March 10, 2012, he resumed me at 6 capsules daily (2-2-2) for two months as prevention.

Comment

For this stage IV lymphoma patient resistant to initial treatment, adding me to ongoing care markedly boosted the effect, leading to complete regression after three R-FCM cycles. His strong condition aided a smooth transplant and recovery. Now, 3.5 years post-transplant, he's thriving and uses me preventively.

A Note to Dr. Bednarčík from V.B. (Shared with Permission):

In February 2007, breathing trouble sent me to my doctor. Strong antibiotics didn't help, and soon my calf hurt. Hospital tests found a below-knee vein thrombosis and bilateral

pulmonary embolism. After being discharged after 10 days on Warfarin, I felt fine and resumed work within a month. But breathing issues returned, worsening weekly with chest fluid buildup needing punctures. Enlarged lymph nodes prompted a bone marrow biopsy, and by late summer, General Hospital hematology diagnosed follicular non-Hodgkin's lymphoma, type B.

Three R-CHOP cycles failed—doctors said it wasn't working as hoped. A new chemo type followed, and though I felt okay with no effusions, they pushed for an autologous transplant. Stem cell collection flopped, so a third chemo type started. Then, I learned about Ovosan from you, Dr. Bednarčík, and I will start taking this dietary supplement alongside the planned three cycles of chemotherapy. After two, I felt much better, finished a third, and skipped a partial fourth. Warned the disease could return, a donor transplant was suggested. No family match meant searching elsewhere—a tough call after online research. But I was in great shape, and the tests were clear. After talking with you and others, I went for it, using Ovosan until the day before.

A donor came up in the fall of 2008, and my September transplant at Homolka took 42 days in quarantine. My workplace's support was incredible. After 33 days, my immunity kicked in, and I went home—sterile setup, limited visitors, mask on for weekly checkups. Taste loss, canker sores, and nail shedding hit, easing after three months. Pneumonia landed me in the ICU for 8 days five months later, but I recovered. Eight months post-transplant, I worked part-time, mostly remotely. Only after three years did I feel truly healthy, occasionally overdoing exercise. I catch colds or flu twice yearly despite vaccines, even swine flu shots, with no issues.

In September 2011, a virus lingered for six weeks, revealing lung effusion at a four-month checkup, treated with antibiotics and antifungals. Four weeks later, I improved—next check in two months. Now, I work part-time, manage home tasks, tire earlier, and handle digestion quirks with Coke or a pill. There is occasional burning and redness of the eyes, but this can be caused by even when working on my computer, I solve it with artificial tears. I enjoy a glass of red wine sometimes. Adjusting to changed looks and energy was hard. I felt isolated; people sometimes didn't recognize me and avoided asking questions, shielding me from stress, which isolated me at work. I've re-prioritized life—less stress, more positivity, though it's tough. I bike lightly and tend to the house and garden within limits. Ovosan boosts my immunity against colds and flu. I do bimonthly checkups and annual PET/CTs at Homolka—routine now. Since early 2012, I've used Ovosan preventively after consulting you, grateful for its role in my turnaround.

Current Status (Early 2014): Tumor remission holds; no cancer evidence on checkups.

Patient: A.B., female born 1937

In February 2009, A.B., a woman born in 1937, was diagnosed with a circular rectal tumor 8 cm from the sphincter, with no metastases to other organs. Histology showed moderately differentiated carcinoma, partly transitioning to infiltrative growth; tumor markers were CEA: 28.5 and CA19-9: 120.

Therapy

In March 2009, she underwent rectal resection, with 16 pelvic lymph nodes removed—6 showing tumor metastases. Radiotherapy began immediately (25 doses at 1.8 Gy, plus 6 at 2 Gy), alongside chemotherapy (Xeloda). Treatment was paused in the third week due to tenesmus and diarrhea. From July 15 to August 2009, after three adjuvant Xeloda cycles, rising CEA and CA19-9 prompted re-examination, revealing a 35 mm solitary liver metastasis in segment S8. Therapy shifted to weekly palliative Campto. A September 8, 2009, colonoscopy showed no tumor signs; CEA dropped to 19.2, CA19-9 to 87. Surgery for the liver metastasis was planned.

On October 26, 2009, after consulting with me, Ovosan, she started 15 capsules daily (5-5-5) for long-term support. On November 10, 2009, a right hemihepatectomy resected segments V-VII, leaving S8; the metastasis reached the resection edge, but an extra 1 cm of tissue was treated with radiofrequency ablation. A cholecystectomy was also performed. On January 19, 2010, CT noted probable postoperative changes in S7 (32 × 18 mm), no new metastases. Chemo resumed March 24, 2010; by June 16, she'd completed five Xeloda cycles plus four Avastin doses. July 2010 oncomarkers normalized. A July 26 CT of lungs and abdomen showed a hypodense focus in the liver's resection line—postoperative, not growing—lungs clear.

On August 25, 2010, she finished her eighth chemo cycle (Xeloda + Avastin) at 80% strength; CEA hit 0.99, and CA19-9 rose to 37. On October 29, she was hospitalized for a speech disorder from left ACM ischemia, resolving fully with dual antiaggregation; biological therapy for thromboembolism ended. A November 4 CT and echocardiography (normal systolic function, sclerotic mitral valve, no pulmonary hypertension) confirmed a stable hypodense liver focus. I adjusted to 9 capsules daily (3-3-3). A March 30, 2011, rectoscopy post-anastomosis was clear. May 16 and June 15, 2011, ultrasounds showed a hypoechoic liver area—likely postoperative, not metastatic—oncomarkers negative. A September 2011 CT of the abdomen and pelvis, plus a lung X-ray, showed no metastases; remission was held. I paused, resuming January 11, 2012, at 6 capsules daily (2-2-2) for two months as prevention.

Doctor's Comment

For this patient with rectal carcinoma, lymph node involvement, and liver metastasis,

adding me to palliative oncology therapy markedly boosted treatment success, achieving long-term remission. I'm now used periodically to minimize recurrence risk.

A Note to Dr. Bednarčík from D.V., A.B.'s Daughter (Shared with Permission):

Dear Friends,

I'd like to share my mom's experience with Ovosan. In February 2009, at 72, she was diagnosed with a malignant rectal tumor, which was removed in March. Radiation and chemo followed. In August, a liver metastasis was found and operated on in November. A month before that surgery, she agreed to try Ovosan—after refusing earlier to avoid disrupting standard care. She paused it during the operation's fasting period but restarted after and used it until January 2012, when, with your approval, Dr. Bednarčík and we cut her dose based on clear test results. We agreed on a six-month break, followed by preventive doses. Her checkups are still good.

I learned about Ovosan from a colleague whose wife used it post-breast cancer surgery. He connected me with you, and I researched online before calling. I'm convinced Ovosan helped Mom immensely—physically and mentally, giving her hope. We'll keep using it to prevent relapse, and I'd like to try it myself for support. I'm thrilled I could help her. Thank you, Dr. Bednarčík, for your dedicated, professional care.

D.V., March 29, 2012

Health Update (Early 2014): "Mom's holding up in a nursing home, still independent. Oncology checkups show no pathology."

Patient: male born in 1984

This man, born in 1984, had his spleen removed in 2003 for idiopathic thrombocytopenic purpura. In April 2010, he developed acute colon inflammation, confirmed as Crohn's disease, with a severe course per his reports.

Therapy

In July 2010, he began using me, Ovosan, at 6 capsules daily (2-2-2) for one month to aid healing of colon mucosa inflammation and prevent flare-ups. Alongside, he took PhytoChi (an alcohol-free extract of medicinal plants rich in adaptogens and antioxidants) long-term, plus 50 µg of selenium daily. Ovosan and PhytoChi, with anti-inflammatory and immunomodulating effects, sped healing. After a month, he said,

“I’m now problem-free, feeling great, and back at work since early August.” He was also on Prednisone (10 mg daily), Pentasa (3-3-3), Acidum Folicum (0-1-0), and Tardyferon (1-0-0). Over time, the meds dropped to just Pentasa. He continues PhytoChi and selenium long-term, keeping me in reserve for flare-ups. All gastroenterology exams through late 2013 were normal. He feels well, reporting no issues, and credits the combo for his favorable outcome.

Doctor’s Comment

We’ve seen good results using Ovosan in patients with autoimmune conditions like Crohn’s disease, ulcerative colitis, autoimmune hepatitis, and eczema. Ovosan likely enhances cell membrane quality and has a notable immunomodulating effect, as confirmed in large animal studies. Its strength lies in safely complementing ongoing therapy, boosting overall treatment, and allowing long-term use to reduce attack frequency and risk.

Josef Mališ, MD

Department of Pediatric Hematology and Oncology, UK, 2nd Faculty of Medicine and FN Motol

Patient: V. M., female born in 1970

At the time of the illness, a 39-year-old woman who had not yet complained seriously. Headaches and vomiting appeared during pregnancy, which did not improve; on the contrary, the difficulties increased. That's why after about 4 weeks, a CT scan of the brain was performed, which revealed an expansive process in the frontal landscape of the brain. She was 33 weeks along at the time of pregnancy. Due to the seriousness of the expansion and its urgent need, the solution was to terminate the pregnancy (with the consent of the patient), and at the 34th week, the pregnancy was terminated by caesarean section (healthy boy birth weight 2370 g / 46 cm) after the necessary convalescence indicated for neurosurgery. Therapy Operation (July 16, 2009) macroscopically almost radical removal of an expansive process in the frontal lobe, histologically: glioblastoma multiforme with typical features, WHO grade IV, in the margins parts of the astrocytoma were found in the tumor, from which it can be assumed that pregnancy may have accelerated the malignancy of the original glioma. The surgery was followed by concomitant chemoradiotherapy (Aug to September 2009), a total dose of 54 Gy, and oral chemotherapy temozolomide (Temodal). She continued after the end of radiotherapy in pulse cycles of oral temozolomide. Overall, the condition adjusted very well; she was able to fully care for herself after losing her child, and she went to regular check-ups of her clinical condition and imaging methods. October 2011 on MRI recurrence during regular check-up, without clinical symptoms difficulties. Subsequently, she underwent surgery - macroscopically total elimination of glioblastoma recurrence.

After the operation, she adjusted quickly, and she is fully independent again, capable of completely taking care of your child (two and a half years old). She started taking Ovosan during chemoradiotherapy and continues at the same dose until now, except for necessary interruptions at the time of operations.

Doctor's Comment

Glioblastoma multiforme accounts for 12-15% of all intracranial tumors. Glioblastoma multiforme (WHO gr. IV) from high-grade gliomas occur most often. The prognosis is not favorable; without appropriate therapy (surgery, radiotherapy, and chemotherapy), patients die over the course of 3 months. However, of the sick who are being treated in an adequate way, only 25% live 2 years, and 5 years only 10% of patients survive. Our patient has lived a relatively good life for four and a half years. An indisputable factor is

the natural will to remain healthy and self-sufficient so that she can care for and raise your child. Relatively good tolerance toward demanding treatment in this situation can certainly be attributed to additional supplementation of Ovosan.

A note to Dr. Mališ from V.M. (Shared with Permission):

Good morning,

With my letter, I would like to support everyone who has met the insidious disease called cancer. The brain tumor - glioblastoma - was discovered in the last quarter of my pregnancy in July 2009. The problems I'm into times, headaches, nausea, I attributed to this condition. As I am a healthcare professional, a colleague of mine and my unborn child were afraid. Thanks to them, I went through various examinations. In the end, magnetic resonance was where the problem was found: pain. As I was expecting a child, he was hospitalized in the hospital with a good neurosurgery problem. I ended up in the hospital in Hradec Králové. Five days after my start, she gave birth to a healthy boy by caesarean section at 34 weeks. A week later, I had brain surgery. The operation was a success, and post-op, the condition went without difficulty. About a very unfavorable prognosis, I found out about my tumor relatively soon after the operation. I was grateful to everyone who was and is a great support for me: my boyfriend, family, friends and all the staff I am with at this time she met Since I live in Prague, further treatment took place at Na Bulovce Hospital – during the fall of 2009, I underwent radiotherapy together with chemotherapy, which continued until April 2010. I can, too, just to say thanks. The treatment took place with minimal problems. Even before all this treatment, I went through medical colleagues she learned about Ovosan. Using this remedy woke up hope and motivation to continue fighting this disease. I was very happy that I got into the pilot program, and since then, I have been taking Ovosan together with Wobenzyme, which you I pay I visited the oncologist's office every 3 months, always after undergoing an MRI until September 2011 when a recurrence occurred. I underwent recurrence surgery at the Central Military Hospital, where I thank the doctors and other medical staff for their professional work, participation, and human behavior. Now I'm going through chemotherapy, I have only minor problems, I feel feel good Yes, there were and still are many moments when a person feels sorry and is overwhelmed sadly. I have a small child that I would like to raise, but eventually, one is happy for every normal day and gives thanks and fights for every minute. During the entire treatment period, I also visited several healers. I have to say that most of it was a waste of my time and money. I don't believe that Ovosan will cure me, but I believe that it will help me psychologically with its effects and physically helps a lot.

Thank you from the bottom of my heart, AREKO!

V. M., 2012

Current status at the beginning of 2014 - no signs of tumor pathology. Remission persists.

Patient: O. V., female born in 1954

The patient was 40 years old at the time of the illness and was operated on at that time for tumor duplication – carcinoma of the ovary and endometrium, carcinoma ovaries recurred in 2006, i.e., 12 years after initial surgery.

Therapy

This recurrence was indeed local, but with infiltrative growth into the surrounding areas' intra-abdominal organs, for which it was necessary to perform an extensive resection of the colon, resection of the ureters, and their removal to the abdominal wall (ureterostomy). After these interventions, the patient underwent radiotherapy and chemotherapy with a good local effect. Two years after the treatment of the recurrence, a lesion appeared in a PET scan activity in the right lung, and subsequent imaging examination revealed a metastatic focus in the lung parenchyma. When done, a lobectomy, this deposit was radically removed, and the histopathological examination confirmed ovarian cancer metastasis. Control PET examination in autumn 2011 – 18 months after thoracotomy confirmed complete remission of the disease - none the activity of the tumor process.

Doctor's Comment

Duplication of a malignant tumor is always prognostic a very unfavorable sign if a relapse occurs - new flare-up of the tumor process, then the prognosis is significant worsens in a way. It happened twice with our patient. Achievement of complete remission is very uncommon. The patient has been taking Ovosan since 2008.

A note to Dr. Mališ from O.V. (Shared with Permission):

My husband and I wanted to have two children, but I couldn't get pregnant for a long time. I went through a number of medical examinations, but all of them had the result that everything was fine. In the end, I underwent an artificial one fertilization, but that didn't work either. That's why we adopted a newborn baby at the age of 38. Everything was suddenly beautiful; life, at last, made sense. My increasingly heavy and painful periods have subsided into the background. After all, even the gynecologist said that everything was fine, just me she prescribed some hormones. And that my stomach hurts? I won't go to the doctor immediately with every pain. But the pain increased, so I went to the gynecologist after all. She felt something in my stomach and sent me to the hospital. That's when I learned that surgery was required. It was 1994, and I was 40 years old and had a two-year-old son. The operation went well, but it was strange that I

was discharged. No one wanted to say anything since they didn't have histology results yet. I left and thought I would come to the ambulance in 14 days. "Didn't anyone tell you anything?" was the first question of the doctor I was assigned to. So, she carefully began to explain that my cells had changed a little, that it was nothing terrible, but that we had better treat it. Six doses of chemotherapy followed, which made me really, really sick, physically and psychologically. I didn't dare to think about what was really wrong with me, let alone speak. The treatment worked, and I walked every day for a month, then in two, three, six months, and after five years, I was transferred to a district gynecologist. At that time, everything was a secret; I didn't even get the results of the medical examinations for viewing. And what is actually wrong with me? I didn't want to know. Assuming I tried to push the diagnosis out of my thoughts, she didn't dare say it. After ten years, I felt quite well and went to regular check-ups. During one of them, the gynecologist did not like something, and she sent me to the hospital again for an ultrasound, where unfortunately "something" was found, but the markers were fine, so Mr. Primary decided that "it something" we'll just watch. I suspected that it probably wasn't the right decision, but 10 years ago, I was like that during chemotherapy. It was very bad that I welcomed the mayor's decision. He's a gentleman primarily, and he certainly doesn't want to harm me. Moreover, the markers were still there, ok, just "that something got slightly bigger over time. I tried to consult with other doctors, but maybe I wasn't right. They were pretty emphatic, but all the answers were very vague. After two years of watching, we went on vacation to the mountains in the summer, I walked up over 1000 meters without any problems and down. But after returning, I felt sick. I had to go to another hospital than before, and everything suddenly took a turn for the worse there. At first, I was scolded for not going because my medical history was regular for checks. I explained the system of "checking that something," and then there were only significant looks between the doctors. Within 14 days, I underwent an operation associated with tumor recurrence with plastic surgery of the ureters affected by the tumor and subsequent actinotherapy and chemotherapy. I was sick again, despite the anti-inflammatory drugs nausea. But I thought to myself: "You have to endure it, then it will happen again." good". Unfortunately, it wasn't. First, because of my ureter obstruction, a nephrostomy had to be done, and in about a quarter of a year, my intestines were also obstructed, so another difficult operation followed, during which two ostomies were sewn into me - a colostomy and a urostomy. After convalescence, I found the Prague Ostomy Club on the Internet and began to participate in its activities. I was suggested to participate here for a study on the effects of OVOSAN. I welcomed that because I also used OVOSAN during recovery after surgery, and so I could continue using it for a longer period of time. I go for regular check-ups at various professional workplaces, and I was disturbed by a sentence that doctors almost always wrote in my examination results: "The patient is difficult to examine for...". As a result of a bad experience with absolute trust in doctors, I started looking for information about

other possible examinations. So that something is not neglected again. I learned about quite a lot of investigative evidence of the PET CT method and asked my oncologist if I could have it to undergo, although again, all the examination results were all right. I was taking OVOSAN 3 × 2 capsules all the time. During the PET CT scan, they found a small "formation" on my lung that slightly enlarged (again, the markers showed nothing), so I underwent another operation in which I had this unusual metastasis removed. At the same time, the doctor increased my dose of OVOSAN to 3 × 5 capsules. I don't know if I can thank OVOSAN for that, but so far, the other results of all examinations are fine (2 years after the last operation). At the same time, since taking it, I am significantly less prone to colds and flus, so it definitely improved my immunity. That is why I am glad that I can participate in the study, and I want to thank you for that. Current status at the beginning of 2014 - complete remission is ongoing.

Patient: J.M., male born in 1949

At the time of diagnosis (July 2002), a 55-year-old man - initially rectal carcinoma with metastases to nodes and liver, operated on, then rectal amputation was performed with removal of enlarged nodes in the retroperitoneum, at the same time a partial liver resection was performed for present metastases, then appropriate chemotherapy followed.

Therapy

Two years after the end of therapy (April 2004), the tumor process disseminated to the lungs. After resection of the affected lung segments due to metastases, he continued chemotherapy of the second choice and achieved complete remission, but in 2008, there were new deposits in the lungs that were surgically removed. In 2009, metastases in the liver were surgically solved, then biological treatment followed, and the last operation recurrences in the area of retroperitoneal nodes in December 2010. He is currently free of detectable cancer activity and has been taking Ovosan since 2009 in a dose of 3 × 5 capsules. Subjectively, he feels very well; he is fully self-sufficient.

Doctor's Comment

A completely unusual course of repeatedly relapsing cancer process and the surprisingly very good general condition of the patient.

A note to Dr. Mališ from J.M. (Shared with Permission):

Ten years ago, I was diagnosed with colon cancer. I am after six surgeries and six chemotherapy treatments. I was very sick. My condition started to improve very quickly when I started using Ovosan from AREKO. I got an appetite again; it strengthened my immunity. I didn't even get the flu. The nausea stopped as in chemical treatment. I don't

vomit anymore, I don't even have diarrhea, I don't have a headache, I don't feel general fatigue, and I feel in mental well-being. I am self-sufficient, and I have no problems with running errands. After those operations, I couldn't handle a big physical burden. Thank you to everyone who worked on the research and production of the product OVOSAN and everyone who helped me with it. We have been waiting for such preparation for a long time.

J. M.

Current status at the beginning of 2014 – another one took place in January 2014 surgery - removal of metastasis in the liver.

Patient: A.P., female born in 1950

At the time of diagnosis (October 2004), a 54-year-old woman was operated for localized carcinoma of the ovary on the right; the surgical intervention was macroscopic radical, and histologically, it was undifferentiated (biologically highly active) carcinoma.

Therapy

Adjuvant chemotherapy followed. In May 2008, she was diagnosed with recurrence in retroperitoneal nodes and underwent second-line chemotherapy (carboplatin and taxanes). She achieved a 2nd complete remission, but in March 2009, she relapsed again with the cancer disease in the retroperitoneal nodes, followed by non-induction chemotherapy. Since 2009, he has been taking Ovosan in doses 3 x 2-5 capsules. In January 2011, another flare-up of the disease - nodes again in the retroperitoneum, another chemotherapy with Hycamtin was started.

Doctor's Comment

Ovarian cancer is a relatively easy-to-treat disease, but recurrences significantly reduce the prognosis. The patient has been fighting the disease for almost 8 years (a total of 4 outbreaks of cancer growth), which is extremely unusual and surprising.

A note to Dr. Mališ from A.P. (Shared with Permission):

I am sending you my experience with Ovosan: My oncological disease has manifested itself four times already. In the year 2004 I had ovarian cancer (surgery, chemotherapy), in 2008 I had a finding in a nearby lymph node (chemotherapy), then two lymph nodes were detected in the retroperitoneum (operation in 2011 and subsequent chemotherapy) and this year (2012) at the beginning of the year, several small lymph nodes were detected again in the same area, so I've been going for chemotherapy treatments since February. When I got sick the second time, I looked it up on the Internet website of the League against Cancer, and through them, I got to the Center for Preventive and

Follow-up Oncological Care Na Slupi in Prague. Since then, I have taken Ovosan. Here is a summary of my experience with Ovosan, although it is difficult to quantify precisely how it affects me:

- Lately, the doctors have been telling me that my cancer markers are fine, even though the overall finding is positive.
- I have not yet been sick with a cold or anything else during the treatment. However, during last year's treatment, I did not use Ovosan due to severe nausea, and the disease returned after half a year, but I can't prove the connection in any way; maybe it would have returned anyway.
- Before the third time being sick, I had a dose of Ovosan significantly reduced, but I also do not know for sure if disease return would have occurred at higher doses.

Taking Ovosan also helps me mentally a little by giving me the feeling that I am actively doing something to fight the disease. However, during chemotherapy, it is sometimes difficult for me to swallow a large number of tablets (3 x 4 a day).

Thank you for your help so far.

A. P.

Current status at the beginning of 2014 - treatment for long-term recurrence in the nodes still continues. Mrs. A.P. is in good condition and tolerates the treatment well.

Patient: J.V., male born in 1955

At the time of diagnosis (October 2006), a 51-year-old man was being followed on at neurology for epileptic paroxysms. An infiltrative growing tumor was found on an MRI of the brain in the precentral area on the left.

Therapy

The tumor was partially removed; histologically, it was an oligoastrocytoma, grade II. After the operation, he was sick for several months without another conservative treatment, but due to the slight progression of the findings on MRI, chemotherapy and radiotherapy were applied to the initial extent of the tumor, the condition gradually improved, and the epilepsy was controlled by chronic application of antiepileptic drugs. Currently, the patient is fully self-sufficient, without symptoms of neurological deterioration, and the MRI does not show progression of the finding. He takes Ovosan permanently in a dose of 3 × 3 capsules.

Doctor's Comment

The mentioned type of tumor process of the brain belongs to the group of tumors with uncertain and unpredictable biological behavior, can be months to years completely calm, without any activity and for longer or in a shorter period it can show growth activity, often very fast. However, this progression may not occur at all. That's why it is very difficult to evaluate which factors are involved in the present satisfactory condition of the patient. Adverse effects occurred at the beginning of Ovosan use - irritability and fatigue lasted about 10 days, after which the condition improved significantly, and the level of irritability decreased (currently attributing to using Depakine, which has fluctuations as a side effect). With a regular sleep regime, there was a reduction in fatigue/ daytime sleepiness. Oncological treatment, which turned out to be completely ineffective, caused only leukopenia and was discontinued for this reason. The positive apparent effect of Ovosan could not be manifested directly.

A note to Dr. Mališ from J.V. (Shared with Permission):

I started taking Ovosan immediately before the end of treatment. According to the experience of other patients I knew who underwent oncology treatment with a similar result, I did not suffer the difficulties they have experienced- nausea, excessive fatigue, sleepiness during the day and, in layman's terms, depression. In general and almost objectively, the positive effect of Ovosan can be confirmed to increase the body's overall immunity. From the beginning, I did not suffer from a cold (cough, runny nose), or if they occurred, I had a milder course, max. 3 – 4 days), significantly increased resistance to pollen allergy (runny nose). I've been suffering from it for about 8 years now after long-term use of Ovosan. The course of the allergy is very slow and tolerable. The effect of Ovosan on the healing of cuts and abrasions cannot be neglected either during housework and physical activities – apparently, it speeds up healing. Sincerely, J.V.

Current status at the beginning of 2014 – healthy and stable.

Patient: P.H., male born in 1944

At the time of illness (August 2009), a 65-year-old patient with cancer prostate. At the time of diagnosis, there were already visible metastases in the nodes in the retroperitoneum, multiple in the peritoneum and also in the skeleton, especially in the spine.

Therapy

He started appropriate conservative treatment and also underwent radiotherapy to the whole spine because he had severe pains that required continuous opioid treatment. At present, fatigue and occasional pains persist, mainly in the spine. PSA

(prostate-specific antigen) is a very sensitive marker that monitors the course of the disease. From the original ones, decimal (extremely high) values decrease to the present units but are still above the upper limit of the norm. It is currently almost 3 years since the diagnosis - disseminated prostate cancer - the prognosis is extremely unfavorable disease.

Doctor's Comment

Since November 2009, he has been taking Ovosan in a dose of 3 × 5 capsules; treatment tolerates (considering the extent of the disease and the intensity of the treatment) very much good. It is truly an extraordinary case, and a concomitant role the use of Ovosan cannot be questioned at all; on the contrary, it can be emphasized.

A note to Dr. Mališ from P.H. (Shared with Permission):

Based on your request, I am sending my opinion on the progress made in the preparation of OVOSAN. In September 2009, I was hospitalized at the oncology department in Thomayer's Hospital in Krč - Prague after about three years of investigating the causes of my pain, which at the end of 2008 culminated in an extreme and two by two consecutive spine surgeries (7/2009 and 8/2009) in hospital On Homolce (cancer diagnosed only during the second surgery of prostate with metastases to nodes, lumbar and thoracic spine). After radiation therapy and further treatment, I got in touch with your clinic, where I arrived after the telephone interview. Based on my rather dismal state, I was included in your research program. It can be stated that the preparation of OVOSAN apparently reduced the suffering of my organism after dealing with the harsh (but apparently necessary) oncological therapy. I did not receive it during the entire period of use without a virus, sore throat, cold, etc. My health had stabilized so that I could skip morphine and other drugs used after radiation, the pain has stabilized so far to an acceptable limit. I am currently undergoing radiation on the 1st thoracic vertebra, on which there were metastases, and during scintigraphy in February, it was detected. I tolerate radiation much better than I did in 2009. It doesn't work with extreme sweating, weakness, headaches, etc. The other metastases are calm for now. I believe that the preparation of OVOSAN contributes significantly to a more tolerable course of oncological treatment, strengthens the body's immunity against viruses and bacteria, and overall, strengthens the devastated organism.

Sincerely, P.H.

Current status at the beginning of 2014 - stabilized status, stabilized a finding in the lumbar spine, the last few examinations do not show it deterioration.

Igor Havlin, MD

surgeon, breast consultation, Ovosan and breast tumors

Patient: E.T., female born in 1963

E.T., female (186 cm, 95 kg), noticed a lump in her right breast in February 2008, followed by one in her left by August. She visited our office on September 24, 2008. The initial exam revealed a 5 cm mass in the right breast's upper outer quadrant (HZK) and a packet of enlarged right axillary lymph nodes. The left breast's upper inner quadrant (HVK) showed an extensive abscess with surrounding phlegmon.

Therapy

We performed a puncture and removed 650 ml of cloudy, yellowish fluid from the left breast, treated the abscess with antibiotics, and referred her for mammography, ultrasound, and biopsy. Biopsy confirmed grade 3 invasive ductal carcinoma (IDCA) in the right breast and nodes and grade 3 IDCA in the left. We continued punctures to ease pressure on the gland and skin, but tumorous skin infiltration occurred. Staging exams (chest X-ray, abdominal ultrasound, skeletal scintigraphy) were negative. Neoadjuvant chemotherapy (NCHT) was the only viable option, followed by planned bilateral mastectomy and node removal in both axillae. With consent, we started NCHT and me, Ovosan, at 30 capsules daily (10-10-10). From October 2008 to May 2009, she completed nine NCHT cycles. My use improved her tolerance, shrinking tumors in both breasts. Refusing mastectomy, we performed partial resection with axillary dissection on the right and partial resection with sentinel lymph node excision on the left. Histology: right—residual IDCA (10 × 5 × 10 mm) with regressive changes post-NCHT, metastases in 3 of 15 nodes with necrosis and scarring; left—extensive inflammatory changes, abscess necrosis (8 × 10 × 20 mm), lipomatous atrophy in one SLU. She declined radiotherapy. A December 19, 2009, mammogram and ultrasound showed no pathological foci. She stopped me in April 2012 and is stable.

Patient Statement from E.T., April 2012

It's no fluke that I found an amazing doctor. Every visit was professional yet deeply human—the staff felt a genuine interest in helping me. I was not just a number. I was

losing 1 kg daily, weak, nauseous, and ready to give up. He offered Ovosan a program. Although his waiting room is always full of patients, I understand why; he calmly explained everything about the medication, and I left with a bag full of this supportive, healing miracle. I believe patients feel his dedication, unlike some who lack patience or empathy. Personally, I am convinced that Ovosan helped me because my doctor prescribed it with a sincere interest in helping me. At first, 30 capsules daily were fine, but later my stomach hurt, and I swelled—stomach, limbs, face. He cut it to 21 (3 × 7), upped checkups, and had me chew and sip the contents. Ovosan aided my recovery and chemo tolerance. My thanks to the scientists behind it. But I'm alive mostly due to my doctor's approach and bold surgery others wouldn't risk. My markers are normal now—I'm good.

Thank you for making Ovosan available to all patients.

Hana Zelenková, MD , Ph.D.

Head of Dermatology Department

Patient: Ms. Marie (Age Unspecified)

Four years ago, Marie noticed a small injury on her left thumb's last joint. Home remedies failed after a month, so she saw a doctor. Two months of ointments didn't help—the lesion grew, spread under the nail, and hurt. At our dermatology clinic, which the patient visited, a radical solution was recommended – amputation of the thumb due to suspected malignant melanoma. Histology confirmed it. Recovery was quick, but adjusting to hand function took longer. No further treatment was suggested, but Marie sought to prevent progression or relapse. We recommended the use of Ovosan. She's used it for three years with regular lab and clinical checks, showing no issues or recurrence signs—an extremely effective case.

Patient: Ms. Anna, Age 86

Anna, 86, manages heart issues, hypertension, joint pain, and osteoporosis (diagnosed over the past decade). Despite many meds, she's active—her family says she never rests. Five years ago, she noticed a small growth on her left temple, treating it with

home remedies like plantain leaves. It grew, and family insistence brought her to us. A trial excision led to a special cream treatment; it healed in two months. Four months later, she injured the scar, forming a growth, then an ulcer. By the time she showed her family, it averaged 5 cm, festered, hurt, and swelled her left face. We recommended radical plastic surgery, but she refused due to age, and her internist nixed it pre-op. Conservative treatment shrank it by a third in four months, but Anna lost her spark, weight, and health. Two and a half years ago, she started me, Ovosan, and within two months, the growth reduced, and her vitality soared. Now, she's back to leading her family; the temple wound is 2 × 1 cm. She and her family credit me as the main health booster, a view her nurse shares.

Patient: Mr. Jan, Age 28

Five years ago, Jan, a 28-year-old, noticed a small, nipple-like growth on his right cheek, which grew over time. A trial excision revealed a benign skin tumor requiring radical removal. Surgery followed, but within five months, it recurred—then three more times at six-month intervals. He refused a fifth operation; the recurrence was treated with ointment. Over two and a half years ago, he began me, Ovosan, alongside local care. Today, a small scar remains, he attends regular checkups, and I've restored his zest for life, per his words. He still uses me and protects his skin from the summer sun.

PART THREE - Medical Contributions

The third part of this book summarizes the contributions of doctors who have direct experience in oncology treatment complemented with Ovosan.

Vladimíra Jeřábková, MD

oncologist, pediatrician; expert on use of Ovosan in children

The experience we have with the use of Ovosan in children is fairly limited so far. On the one hand, such studies are limited by the generally low incidence of cancer in children, and, on the other hand, the difficulty for small children to swallow Ovosan in its current form. It comes in capsules, the ingestion of which does pose significant problems to smaller children whose swallowing ability is damaged due to the illness. Therefore, we currently cannot administer Ovosan to all pediatric patients who would be suitable and whose parents would be interested. In contrast to the experience in adults, where we observe the benefits of Ovosan in the range of weeks to months after initiation, in children, we can observe the benefits already during the first days of use. After the administration of Ovosan, we noticed an increase in pediatric patients' appetite, followed by weight gain. Of course, the repeated onset of loss of appetite when starting chemotherapy, followed by weight loss, is a major problem in child oncology patients. Children like that have no appetite, either subjectively or objectively, and they can't eat food due to damage to their digestive tract (in particular in the oral cavity) as a result of side effects of some types of cytostatics. Food intake often does not improve even after the healing of the mucous membranes. However, when Ovosan is administered, this problem is solved in 50% of patients almost immediately. The children actually ate better and visibly gained weight. This is also the case with one of our child patients who was treated for brain cancer. The tumor was localized in the posterior cranial fossa and was surgically removed, followed by chemotherapy, which the patient did not tolerate very well. The treatment was accompanied by a number of complications, which were gradually managed as the completion of treatment was approaching. One of the problems was a significant drop in the child's weight, loss of appetite, and food intolerances. After starting the administration of Ovosan, the child's condition improved significantly; first, the appetite returned, and then weight gain followed. Parents continued to administer Ovosan even after the end of the treatment, and about two months after the end of the therapy, they decided to stop Ovosan because the child was in excellent condition, prospered, and enjoyed good health. However, after two days of withdrawal of Ovosan, the child developed the accompanying symptoms of the onset of illness – headaches, malaise, weakness, and loss of appetite. The frightened parents put Ovosan back on, and the child recovered

within two days and returned to "normal" again. Currently, the patient is half a year after finishing the treatment, is in excellent clinical condition, without signs of activity of the underlying disease, and continues on the maintenance dose of Ovosan. We have not yet clearly observed an antitumor effect of Ovosan in children. This is a very difficult question to assess because all children are treated by a combination of chemotherapy and radiotherapy and surgery.

There was an interesting case among our patients diagnosed with an inoperable brain tumor. The patient was treated according to generally accepted procedures. The prognosis of this type of disease is poor; most patients with this diagnosis succumb to the illness. But this patient is three months after the treatment and is in a very good condition, is doing great and currently free of subjective difficulties. During an examination by imaging methods, the tumor still does not show growth activity. The patient continues to take Ovosan. It is very difficult and also daring to make any clear conclusions. However, we can observe from individual cases at least partial positive effects of Ovosan. The Number of pediatric patients is really very small, but a surprisingly large number of the children reacted positively to the use of Ovosan. Suppression of appetite and the deepening underdevelopment of individual children was totally unequivocal, and in no case did we record any unwanted side effect. The only problem we see is the above-mentioned dosing form of Ovosan, which does not allow the use of Ovosan in all children.

Hana Zelenková, MD, PhD.

Head of Dermatology Department

Complex of biologically active phospholipids BAP - current application in dermatology,

After many years of experience, I can, with full responsibility, state that Ovosan represents a reliable helper in health protection, especially by strengthening the natural defense abilities of the organism. It is not addictive and can be used without any side effects.

Research in oncology patients (in the area of dermatology melanoma of the skin) has shown a positive effect of Ovosan, especially in the prevention of the development of cancer in people at risk. Also, Ovosan suppresses the side effects of oncological treatment. Ovosan has also shown an ability to very effectively manage long-term stress, which has a positive effect on states of mental and physical fatigue. Ovosan strengthens the defense against viral and bacterial diseases (e.g., mononucleosis). It was also effective in chronic degenerative diseases and during hormone therapy for women. A few years ago, a question of another possible use arose Ovosan: a

transcutaneous use. The skin is the largest immune organ of the human body, with countless functions. Following research on the effects of Ovosan, it was decided to prepare biologically active phospholipid gel under the name Transovosan. This form allows gradual penetration through the skin deep into the tissues, and then the destruction or repair of abnormal cell membranes, effectively supporting healing processes. Simultaneous application of Transovosan mobilizes the body's defense capabilities and has a positive effect on the healing of inflammation.

In 2010, the antitumor effect of Transovosan was observed in local application to solar keratoses (in many individuals provoked excessive exposure to sunlight or reckless visiting of solariums), for senile keratoses, and for small basal cell carcinomas. We are currently focusing on tracking the effects of Transovosan administration on the growth of melanomas and their metastasis. Transovosan also has an antiviral effect in acute cases and chronic viral infections, especially recurrent ones (herpes simplex, warts, verrucas), and strengthens the antiviral immune system body defense. In dermatological patients, we also observed immunomodulating and immune restorative effects of Transovosan. At the same time, its application suppresses local allergic manifestations and accelerates the soothing of irritated skin in patients with atopic eczema, plaque psoriasis, and fatal dermatoses (rosacea, dermatitis). When applying Transovosan, patients in the monitored groups also indicated other effects, e.g. analgesic, substantial alleviation of itching - pruritus (pruritus senilis, prurigo nodulare), improvement of skin quality in ichthyosis simplex. Lastly, we have also been observing positive data on the application of gels and capsules with bioactive phospholipids BAP in patients with psoriasis and pustulosis psoriasis. We are also monitoring possibilities of using BAP in combination with other active substances. This refers to a wide range of combinations to obtain new knowledge in dermatology. It seems that a combination of BAP with other active pharmaceutical ingredients might be a promising way to influence various skin diseases.

In the first stage of laboratory and preclinical tests of BAP® combinations, the choice fell on ichthyol in a combination of 0.5-1.5% and standardized *Boswellia serrata* extract and cholesterol. Why these substances? Clearly to increase the effect of biologically active phospholipids even more. The presence of ichthyol allows the dissolution of many insoluble local drugs in the water. In composite preparations for local use, it increases the effectiveness of other substances. The effect of boswellic acids is comparable to acetylsalicylic acid (aspirin) but does not irritate nor damage the lining of the stomach and intestines. There are proven excellent effects when using boswellic acids in ulcerative colitis and Crohn's disease, which has not yet been documented when applied with no serious side effects. Cholesterol helps the body process fats and is important in cell membrane formation.

Monitoring of the effects of a mixture of BAP®, boswellic acid, and cholesterol took place at the private skin clinic SANARE spol. s.r.o...., workplace DOST Svidník. In the

monitored groups were included adult and children patients up to 12 years old, patients with neurodermatitis, with hand eczema induced by various substances, patients after treatment with local cytostatics (Aldara, Efudix, cryotherapy) for precancers and basal cell tumors (regeneration and revitalization of the skin).

The results showed that the texture of the preparations is very good and pleasant, and rapid absorption occurred. After application, the skin was supple and gentle, which was especially appreciated by patients with hand eczema. No skin irritation occurred in any of the patients. Gels with BAP, with ichthyol and *Boswellia serrata* extracts, were excellent for further treatment and prevention of the mentioned dermatoses.

Another positive effect was observed in patients with skin damage after excessive irradiation. Enriching the range of therapeutic and preventive dermatological product preparations is always an obvious benefit in local therapy after many diagnoses. New products containing biologically active phospholipids (BAP), possibly with ichthyol and extracts of *Boswellia serrata* with cholesterol, can hold an important place in the future treatment portfolios of dermatologists and their patients.

Igor Havlín, MD

surgeon, breast consultation, Ovosan and breast tumors

I work as a surgeon, and part of my work is the treatment of mammary gland disease. I am a consultant for breast diseases, with more than 19 years of experience. In my work, I have used the dietary supplement Ovosan in patients with proven cancer as part of complex treatment since 2004. Typically, a complex treatment is indicated according to the type, size, and stage of cancer and includes neoadjuvant chemotherapy, surgery, adjuvant chemotherapy, radiation, and hormone therapy. I started recommending Ovosan after the histological confirmation of mammary gland cancer.

Experiences

I evaluate the administration of Ovosan from two points of view. The first criterion is influencing the course of treatment during chemotherapy, radiotherapy, and hormonal treatment. In terms of unpleasant side effects associated with treatment, chemotherapy is the worst perceived treatment for nausea, vomiting, and fatigue, then follows radiotherapy mostly for fatigue. Hormonal treatment does not have a subjective negative effect. Administration of Ovosan clearly improves symptoms of nausea, vomiting, and fatigue.

Patients with Ovosan are demonstrably better able to tolerate chemotherapy than patients who do not use Ovosan. The second criterion is the influence of Ovosan on the treatment of cancer. The effect of Ovosan on the treatment of cancer of the mammary gland is difficult to assess because the treatment takes place, as mentioned earlier, by chemotherapy, surgery, radiotherapy, and hormonally. In this complex treatment, it is

impossible to tell which part of the treatment contributes to healing and to what extent. It also depends on the type and the spread of cancer and the patient's psychological well-being. The influence of Ovosan or any other single medication cannot be assessed. However, an evaluation of the influence of Ovosan depends on the experience of the one who administers Ovosan. My experience shows that Ovosan helps treat mammary carcinoma glands. It helps to cure some patients and to stabilize the condition of some patients with metastases. In some patients, Ovosan was part of a treatment that led to tumor shrinkage, thereby enabling it to be removed by surgery. Even in patients whose treatment was not successful, Ovosan helps improve their quality of life. Overall, I can say that my experience with serving Ovosan to patients with mammary gland cancer is positive, and I generally consider the administration of Ovosan beneficial.

Josef Mališ, MD

oncologist, pediatrician

Ovosan and adult patients with various oncological diagnoses.

Ovosan is an original preparation with antitumor effects obtained from egg yolks. In clinical practice, a wide range of highly effective agents and commonly available anticancer drugs are used. All this makes anyone who works with similar drugs at least suspicious. Why is an offered product with its declared capabilities not included in the normal spectrum of drugs clinically used as anticancer agents? The most accessible and understandable explanation is that the manufacturer does not have sufficient funds and expertise to overcome administratively and technologically complex barriers and therefore chooses the path of seeking the practical experience, and reflection of those who use Ovosan and prepare the grounds for better future legislative conditions allowing for wider use of the product - Ovosan. My first encounter with the use of Ovosan from my position as the clinical doctor was extremely cautious. I encountered a substance that doesn't have the well-known clinical trial process behind it, the step-by-step introduction into clinical practice, and randomized studies. (To simplify, it is not evidence-based medicine in medical practice.) But these very feelings lead to greater caution and curiosity about what can (or can't) be expected from the practical administration of Ovosan. So far, my three years of observational experience with individuals using Ovosan for a long time can be summarized into these points:

1. Despite the size of the individual capsules, Ovosan (doses disproportionately greater compared to commonly administered drugs) is well-tolerated and does not cause serious problems when consumed alone.
2. It does not cause any unexpected interactions with anticancer treatment used at the same time.

3. The effect of Ovosan can only be evaluated with long-term administration, i.e., it is advisable to administer Ovosan to patients with a prognosis calculated at least in months.
4. Frequently seen side effects of anticancer treatment are more manageable: food consumption improves, and the occurrence of infectious complications during hematopoiesis suppression does not increase significantly following chemotherapy.
5. In the group of patients who use Ovosan, patients with significantly advanced stages of the disease appear relatively happy with good quality of life, even though according to general statistics information, they should already have statistically succumbed to their illness such as inoperable cancers of the pancreas, disseminated malignant kidney tumors and the prognostically extremely unfavorable glioblastomas of the brain. These are, however, individual case studies, not statistically supported. Therefore, they cannot be presented to the professional public or similar disabled patients as supporting evidence or argument for the wide use of Ovosan.
6. Peaceful conversation with a patient, undisturbed by a full waiting room, allows me to clear up some of the ambiguities regarding the disease that the patient naturally perceives. Typical practice usually does not allow discussion during casual time as the oncology department with an attending physician.
7. Ovosan is definitely not suitable as "rescue therapy" in states that are completely resistant to the administered antitumor treatment, in life-threatening conditions function or even the patient's life (progressing icterus, impossibility of oral food intake, rest dyspnea, disorders passages of the digestive tract, etc.).
8. I see Ovosan's main use in joint application in antitumor treatment, which carries all the known side effects. And it is these conditions that Ovosan can significantly moderate and thus improve the quality of life.
9. The antitumor effect can only be assumed so far, but case studies suggest favorable trends in the general prognosis of completely adverse stages of cancer; application indication rather supports Ovosan.

Peter Bednarčík, MD, PhD.

How do we assess and summarize the above doctors' experience with supportive care using Ovosan?

For each given story of a specific patient (in the second part of the book), we see that doctors are very careful when assessing the direct effect of Ovosan on cancer. The course and results of treatment usually directly or indirectly imply that the administration of Ovosan had a positive effect. Clearly, both doctors and patients evaluated the positive effect of Ovosan on the quality of life during oncological treatment. This is primarily a better tolerance of chemotherapy, less damage from aggressive treatment,

and significant healing support. It is extremely important to know that Ovosan can also be used during the period after the successful completion of oncological treatment in order to reduce the risk of relapse and maintain a good quality of life.

I started working with Ovosan even before the year 2000. Because I have been dedicated to the prevention and supportive treatment of serious diseases for years, I had the opportunity to get one of the first packages of Ovosan ever made and to use them first in the circle of my acquaintances and family. That's how I got my first knowledge and experience with Ovosan. Practical experience and feedback from patients helped me to establish current recommended doses for both prevention and treatment support use in patients. Most dietary supplements that claim to have an anti-tumor effect have a preventive antioxidative or immunostimulating effect, but they do not show a direct antitumor effect, i.e., they do not destroy tumors by themselves. They strengthen immunity and thus help the body to cope better with cancer. From this point of view, the effects of Ovosan appear different. Like the aforementioned dietary supplements, Ovosan has an antioxidative and immunostimulating effect, or more precisely, an immunomodulating effect. In addition, after the evaluation of long-term experience and the results of treatment of tens of thousands of patients, it seems that the conclusions about the direct treatment effect presented by Dr. Kara are justified. It can, therefore, be said that Ovosan significantly affects the overall state of health, reduces unwanted side effects of chemotherapy, accelerates the healing and regeneration of the injured tissues, and improves quality of life. It is an absolutely exceptional supportive treatment that also directly causes damage and destruction of tumor cells, strengthens the effectiveness of administered chemotherapy, and reduces unwanted side effects of chemotherapy. Likely, the mechanism of action is that Ovosan causes targeted degeneration and membrane damage of tumor cells. This increases their permeability and tumor growth. The cells thus become more sensitive to the action of chemotherapy, which then penetrates the cell more easily through damaged cell membranes and causes its destruction. It is absolutely essential that healthy non-cancerous cells are not damaged by Ovosan. On the contrary, it helps to regenerate them if they are damaged (e.g., by chemotherapy). Ovosan protects healthy cells against further damage and helps increase the strength and the resistance of their membranes. This has an indirect positive effect even on the exchange of substances between the cell and its environment that takes place through the phospholipid membranes. In general, the experience with Ovosan can be summarized in several points: – The maximum effect can be achieved with timely administration of Ovosan - it is best to start using it immediately when a tumor is suspected, i.e., still in period clarifying the findings and before starting surgery and oncological treatments.

It is necessary to administer Ovosan throughout the oncological treatment period and at least two more months after the liquidation of tumor deposits. – In the subsequent period, we recommend serving Ovosan in two-month shock treatments to prevent the

recurrence of the disease. In the first two months, the treatment course should be started half a year after successful treatment, and another after half a year again. – The dosage of Ovosan in oncology patients is individual, and doses should be significantly higher than in prevention in healthy people. – It is optimal when the supportive use of Ovosan is coordinated by a doctor, preferably a doctor on the Green Line Ovosan, which has the most with serving Ovosan experiences. We observed very good results in individual patients with tumors of the excretory and digestive system - kidney, colon, intestine, liver, gallbladder, pancreas (including metastases to the liver and lymphatic system). Another interesting area is brain tumors. It is known that most unnatural substances (different types of chemotherapy) do not penetrate the blood-brain barrier. It seems that the phospholipids contained in Ovosan, which are natural and necessary for humans, penetrate the brain and can thus have a destructive effect on tumor cells in the brain. This has been observed, for example, in pediatric astrocytomas and glioblastoma in some adults. In addition to cancer, we administer Ovosan for a wide range of conditions and diseases where its immunomodulating properties can be used positively, as well as its regeneration effect. We observed this effect, e.g., for allergies, eczema, asthma, and psoriasis. Ovosan has proven itself to be a supportive treatment for inflammatory diseases of the digestive tract, such as ulcerative colitis and Crohn's disease. In the case of toxic and post-infectious damage, the liver helped to significantly improve regeneration and led to a gradual adjustment of laboratory values. I think I can recommend Ovosan to all the above-mentioned doctors not only as a prevention of most diseases but also as a good supportive agent that is suitable to support and strengthen the treatment of oncological and many other diseases. It has a positive effect practically everywhere where adjusting the proper function of the immune system can help. It has no adverse effects in our experience and is usually well-tolerated. So its application can be very wide. The effect on healthy tissues and the promotion of healing will appear mostly after two weeks of use. Supportive treatment effects against cancer tissue appear after a longer period of time at around one to two months, but they always come usually.

I wish you good health and an enjoyable experience with Ovosan!

Concluding Remarks

The journey of Ovosan, now introduced to the U.S. as CellBB, is a testament to the power of scientific discovery and the potential of natural supplements in supporting health. With 25 years of safe use across Europe and groundbreaking research from the University of Colorado and Machavert Pharmaceuticals, we now have a deeper understanding of how its phospholipid matrix enhances immune function, promotes cellular repair, and complements traditional treatments. Ovosan / CellBB is not just another supplement—it's a well-researched, naturally derived option that provides real benefits without the risks associated with pharmaceuticals.

As this book and CellBB reach a new audience, our goal is to empower individuals facing cancer, autoimmune disorders, and other immune-related conditions with solid information and a safe and effective complementary tool. The research will continue, and new discoveries may further refine our understanding, but what remains unchanged is the profound impact this supplement has already had on thousands of lives. We hope this book serves as both an informative guide and an inspiration, bridging the past and present of Ovosan's legacy while offering a new path forward in integrative health.

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