

Human Ultracell[®] VII Male



IMMUNE SENOTHERAPY VITALITY BIOREGULATION

CLINICAL APPLICATIONS

- *Regeneration, revitalization, and cell renovation.*
- *Adjuvant in degenerative diseases of the immune system.*
- *Recovery of mental and physical faculties, fatigue, physical asthenia.*
- *Adjuvant in diseases in remission.*

What is Human Ultracell?

Human Ultracell VII represents Biocell Ultravital's most advanced approach to regenerative therapy through cellular renovation. This pharmaceutical-grade formula contains biologically active peptides, embryonic cellular extracts, essential vitamins, minerals, and energy-regulating enzymes designed to restore functional balance at the cellular level.

Tailored to male and female physiology, Human Ultracell VI helps regulate transcriptional activity and reduce DNA and RNA replication errors, thereby enhancing protein synthesis, tissue repair, and systemic function. It supports mitochondrial energy production, hormonal modulation, immune activation, and cognitive performance. By reinforcing the body's innate mechanisms for cellular repair, apoptosis, and detoxification, Ultracell VI plays a key role in preventing degenerative and age-related diseases.

for the prevention and treatment of L-carnitine deficiency. Additionally, certain medications including anticonvulsants and nucleoside analogues used in the treatment of HIV infection, may produce a secondary L-carnitine deficiency. Pivalic acid-containing antibiotics may also produce a secondary L-carnitine deficiency, as may certain chemotherapy agents.

Highlights

- Gender-specific formulas support hormonal, metabolic, and structural balance
- Includes embryonic cellular extracts rich in growth factors for cellular regeneration
- Incorporates biopeptides to support protection, repair, revitalization, and regeneration
- Contains enzymes critical to mitochondrial energy production and hormonal regulation
- Supports transcription accuracy, apoptosis mechanisms, and protein synthesis

Benefits

- Promotes systemic cellular renewal and anti-aging response
- Enhances mitochondrial function and cellular energy capacity
- Supports immune resilience and inflammatory modulation

Key Bioactive Compounds

- Embryonic homeotherapeutic cellular extracts, biopeptides, antioxidant enzymes, vitamins, minerals, and hormonal cofactors tailored to gender-specific physiology



Administration

Orally, consume before taking food to improve absorption, preferably with water in the morning.

Does Not Contain

Gluten, corn, yeast, artificial colors or flavors.

Formulas

Tablet 1 – 750 mg.

Composition

Urolithin A, Thymosin Alpha-1, Thymosin Beta-4, Fisetin, Spermidine, Casin, Astaxanthin.

Organotherapy Extracts: Pancreas, Kidney, Placenta, Thymus, Embryo.

Peptide Extracts: Suprefort, Pielotax, Placenton, Thymalin, Embryon.

Enzyme Complexes: Superoxide Dismutase, Glutathione Peroxidase, Glutathione Reductase, Glutathione Transferase, Adenosine Triphosphate (ATP).

Other Active Ingredients: Adenosine Diphosphate Dinucleotide (NAD), Phosphatidylserine, Propionyl Arginate, Riboflavin, Thiamine, Niacin, Hypericin, Vinpocetine, Pregnenolone, Coenzyme Q10, Coenzyme A,

Stabilizers and Excipients.

Tablet 2 – 750 mg.

Composition

Urolithin A, Thymosin Alpha-1, Thymosin Beta-4, Fisetin, Spermidine, Casin, Astaxanthin.

Organotherapy Extracts: Adrenal Gland, Thyroid, Placenta, Thymus, Embryo.

Peptide Extracts: Glandokort, Placenton, Thymalin, Embryon.

Enzyme Complexes: Superoxide Dismutase, Glutathione Peroxidase, Glutathione Reductase, Glutathione Transferase, Adenosine Triphosphate (ATP).

Other Active Ingredients: Adenosine Diphosphate Dinucleotide (NAD), Phosphatidylserine, Propionyl Arginate, Riboflavin, Thiamine, Niacin, Hypericin, Vinpocetine, Pregnenolone, Coenzyme Q10, Coenzyme A,

Stabilizers and Excipients.

Tablet 3 – 750 mg.

Composition

Urolithin A, Thymosin Alpha-1, Thymosin Beta-4, Fisetin, Spermidine, Casin, Astaxanthin.

Organotherapy Extracts: Bone, Placenta, Thymus, Embryo.

Peptide Extracts: Osteogen, Bonomarlot, Placenton, Thymalin, Embryon.

Enzyme Complexes: Superoxide Dismutase, Glutathione Peroxidase, Glutathione Reductase, Glutathione Transferase, Adenosine Triphosphate (ATP).

Other Active Ingredients: Adenosine Diphosphate Dinucleotide (NAD), Phosphatidylserine, Propionyl Arginate, Riboflavin, Thiamine, Niacin, Hypericin, Vinpocetine, Pregnenolone, Coenzyme Q10, Coenzyme A,

Stabilizers and Excipients.

Tablet 4 – 750 mg.

Composition

Urolithin A, Thymosin Alpha-1, Thymosin Beta-4, Fisetin, Spermidine, Casin, Astaxanthin.

Organotherapy Extracts: Skin, Muscle, Placenta, Thymus, Embryo.

Peptide Extracts: Mesenogen, Placenton, Thymalin, Embryon.

Enzyme Complexes: Superoxide Dismutase, Glutathione Peroxidase, Glutathione Reductase, Glutathione Transferase, Adenosine Triphosphate (ATP).

Other Active Ingredients: Adenosine Diphosphate Dinucleotide (NAD), Phosphatidylserine, Propionyl Arginate, Riboflavin, Thiamine, Niacin, Hypericin, Vinpocetine, Pregnenolone, Coenzyme Q10, Coenzyme A,

Stabilizers and Excipients.

Tablet 5 – 750 mg.

Composition

Urolithin A, Thymosin Alpha-1, Thymosin Beta-4, Fisetin, Spermidine, Casin, Astaxanthin.

Organotherapy Extracts: Pituitary Gland, Brain, Placenta, Thymus, Embryo.

Peptide Extracts: Pitulon, Pinealon, Placenton, Thymalin, Embryon.

Enzyme Complexes: Superoxide Dismutase, Glutathione Peroxidase, Glutathione Reductase, Glutathione Transferase, Adenosine Triphosphate (ATP).



Other Active Ingredients: Adenosine Diphosphate Dinucleotide (NAD), Phosphatidylserine, Propionyl Arginate, Riboflavin, Thiamine, Niacin, Hypericin, Vinpocetine, Pregnenolone, Coenzyme Q10, Coenzyme A,

Stabilizers and Excipients.

Tablet 6 – 750 mg.

Composition

Urolithin A, Thymosin Alpha-1, Thymosin Beta-4, Fisetin, Spermidine, Casin, Astaxanthin.

Organotherapy Extracts: Heart, Placenta, Thymus, Embryo.

Peptide Extracts: Chelohart, Placenton, Thymalin, Embryon.

Enzyme Complexes: Superoxide Dismutase, Glutathione Peroxidase, Glutathione Reductase, Glutathione Transferase, Adenosine Triphosphate (ATP).

Other Active Ingredients: Adenosine Diphosphate Dinucleotide (NAD), Phosphatidylserine, Propionyl Arginate, Riboflavin, Thiamine, Niacin, Hypericin, Vinpocetine, Pregnenolone, Coenzyme Q10, Coenzyme A,

Stabilizers and Excipients.

Tablet 7 – 750 mg.

Composition

Urolithin A, Thymosin Alpha-1, Thymosin Beta-4, Fisetin, Spermidine, Casin, Astaxanthin.

Organotherapy Extracts: Prostate, Testicles, Placenta, Thymus, Embryo.

Peptide Extracts: Libidon, Testoluten, Placenton, Thymalin, Embryon.

Enzyme Complexes: Superoxide Dismutase, Glutathione Peroxidase, Glutathione Reductase, Glutathione Transferase, Adenosine Triphosphate (ATP).

Other Active Ingredients: Adenosine Diphosphate Dinucleotide (NAD), Phosphatidylserine, Propionyl Arginate, Riboflavin, Thiamine, Niacin, Hypericin, Vinpocetine, Pregnenolone, Coenzyme Q10, Coenzyme A,

Stabilizers and Excipients.

References: Human UltraCell VII Woman

Evidence scope

Direct ingredient evidence studies the named molecule or preparation. Class/organ evidence studies a different preparation from the same tissue or a related peptide. Mechanistic/framework evidence concerns biological pathways or endogenous molecules. These publications do not establish efficacy or safety of the finished Human UltraCell VII formula; doses, sources and routes may differ. Institutional product reports are not counted as peer-reviewed publications.

Other Actives: Urolithin A

Direct ingredient evidence - human randomized trials

Trials evaluated isolated urolithin A supplementation and mitochondrial or muscle outcomes, rather than this multi-ingredient formula.

References

1. Liu S, D'Amico D, Shankland E, et al. Effect of Urolithin A Supplementation on Muscle Endurance and Mitochondrial Health in Older Adults: A Randomized Clinical Trial. *JAMA Netw Open* 2022;5(1):e2144279. DOI: 10.1001/jamanetworkopen.2021.44279. PMID: 35050355.

<https://pubmed.ncbi.nlm.nih.gov/35050355/>

2. Singh A, D'Amico D, Andreux PA, et al. Urolithin A improves muscle strength, exercise performance, and biomarkers of mitochondrial health in a randomized trial in middle-aged adults. *Cell Rep Med* 2022;3(5):100633. DOI: 10.1016/j.xcrm.2022.100633. PMID: 35584623.

<https://pubmed.ncbi.nlm.nih.gov/35584623/>

Other Actives: Thymosin Alpha-1

Direct ingredient evidence - reviews

Clinical and mechanistic literature on thymosin alpha-1. Therapeutic regimens and administration routes are not equivalent to an oral combination tablet.

References

1. Dominari A, Hathaway Iii D, Pandav K, et al. Thymosin alpha 1: A comprehensive review of the literature. *World J Virol* 2020;9(5):67-78. DOI: 10.5501/wjv.v9.i5.67. PMID: 33362999.

<https://pubmed.ncbi.nlm.nih.gov/33362999/>

2. Tao N, Xu X, Ying Y, et al. Thymosin alpha1 and Its Role in Viral Infectious Diseases: The Mechanism and Clinical Application. *Molecules* 2023;28(8):3539. DOI: 10.3390/molecules28083539. PMID: 37110771.

<https://pubmed.ncbi.nlm.nih.gov/37110771/>



Other Actives: Thymosin Beta-4

Direct ingredient evidence - reviews

Actin regulation and tissue repair are discussed. This is not evidence for the bioavailability or clinical performance of the finished oral formula.

References

1. Goldstein AL, Hannappel E, Kleinman HK. Thymosin beta4: actin-sequestering protein moonlights to repair injured tissues. *Trends Mol Med* 2005;11(9):421-429. DOI: 10.1016/j.molmed.2005.07.004. PMID: 16099219.

<https://pubmed.ncbi.nlm.nih.gov/16099219/>

2. Goldstein AL, Kleinman HK. Advances in the basic and clinical applications of thymosin beta4. *Expert Opin Biol Ther* 2015;15 Suppl 1:S139-45. DOI: 10.1517/14712598.2015.1011617. PMID: 26096726.

<https://pubmed.ncbi.nlm.nih.gov/26096726/>

Other Actives: Fisetin

Direct ingredient evidence - preclinical study and review

Senotherapeutic findings are predominantly preclinical. Human anti-aging efficacy is not established by these publications.

References

1. Yousefzadeh MJ, Zhu Y, McGowan SJ, et al. Fisetin is a senotherapeutic that extends health and lifespan. *EBioMedicine* 2018;36:18-28. DOI: 10.1016/j.ebiom.2018.09.015. PMID: 30279143.

<https://pubmed.ncbi.nlm.nih.gov/30279143/>

2. Tavenier J, Nehlin JO, Houlind MB, et al. Fisetin as a senotherapeutic agent: Evidence and perspectives for age-related diseases. *Mech Ageing Dev* 2024;222:111995. DOI: 10.1016/j.mad.2024.111995. PMID: 39384074.

<https://pubmed.ncbi.nlm.nih.gov/39384074/>

Other Actives: Spermidine

Direct ingredient evidence - human trials of spermidine-rich supplements

The 12-month SmartAge trial did not improve the primary memory outcome versus placebo. Supplement source and composition differ from this product.

References

1. Wirth M, Benson G, Schwarz C, et al. The effect of spermidine on memory performance in older adults at risk for dementia: A randomized controlled trial. *Cortex* 2018;109:181-188. DOI: 10.1016/j.cortex.2018.09.014. PMID: 30388439.

<https://pubmed.ncbi.nlm.nih.gov/30388439/>

2. Schwarz C, Benson GS, Horn N, et al. Effects of Spermidine Supplementation on Cognition and Biomarkers in Older Adults With Subjective Cognitive Decline: A Randomized Clinical Trial. *JAMA Netw Open* 2022;5(5):e2213875. DOI: 10.1001/jamanetworkopen.2022.13875. PMID: 35616942.

<https://pubmed.ncbi.nlm.nih.gov/35616942/>

Other Actives: CASIN

Direct experimental-compound evidence - preclinical

References concern CASIN as a Cdc42 activity-specific inhibitor, following the nomenclature used in the reference discussion. Supplier confirmation of the ingredient identity is still required. Experiments in cells or mice do not establish oral human efficacy, safety or dosage.

References

1. Florian MC, Dör K, Niebel A, et al. Cdc42 activity regulates hematopoietic stem cell aging and rejuvenation. *Cell Stem Cell* 2012;10(5):520-530. DOI: 10.1016/j.stem.2012.04.007. PMID: 22560076.

<https://pubmed.ncbi.nlm.nih.gov/22560076/>

2. Amoah A, Keller A, Emini R, et al. Aging of human hematopoietic stem cells is linked to changes in Cdc42 activity. *Haematologica* 2022;107(2):393-402. DOI: 10.3324/haematol.2020.269670. PMID: 33440922.

<https://pubmed.ncbi.nlm.nih.gov/33440922/>

3. Montserrat-Vazquez S, Ali NJ, Matteini F, et al. Transplanting rejuvenated blood stem cells extends lifespan of aged immunocompromised mice. *NPJ Regen Med* 2022;7(1):78. DOI: 10.1038/s41536-022-00275-y. PMID: 36581635.

<https://pubmed.ncbi.nlm.nih.gov/36581635/>

4. Liu W, Du W, Shang X, et al. Rational identification of a Cdc42 inhibitor presents a new regimen for long-term hematopoietic stem cell mobilization. *Leukemia* 2019;33(3):749-761. DOI: 10.1038/s41375-018-0251-5. PMID: 30254339.

<https://pubmed.ncbi.nlm.nih.gov/30254339/>

Other Actives: Astaxanthin

Direct ingredient evidence - systematic reviews/meta-analyses

Evidence concerns selected oxidative stress, inflammatory or metabolic outcomes; it is not proof of cellular rejuvenation of the finished product.

References

1. Ma B, Lu J, Kang T, et al. Astaxanthin supplementation mildly reduced oxidative stress and inflammation biomarkers: a systematic review and meta-analysis of randomized controlled trials. *Nutr Res* 2022;99:40-50. DOI: 10.1016/j.nutres.2021.09.005. PMID: 35091276.

<https://pubmed.ncbi.nlm.nih.gov/35091276/>



2. Leung LY, Chan SM, Tam HL, et al. Astaxanthin Influence on Health Outcomes of Adults at Risk of Metabolic Syndrome: A Systematic Review and Meta-Analysis. *Nutrients* 2022;14(10):2050. DOI: 10.3390/nu14102050. PMID: 35631193.

<https://pubmed.ncbi.nlm.nih.gov/35631193/>

Enzyme Complexes: Superoxide Dismutase (SOD)

Mechanistic evidence - endogenous enzyme family

A review of SOD isoforms and their expression. It does not establish absorption or therapeutic efficacy of orally administered SOD in this formula.

References

1. Zelko IN, Mariani TJ, Folz RJ. Superoxide dismutase multigene family: a comparison of the CuZn-SOD (SOD1), Mn-SOD (SOD2), and EC-SOD (SOD3) gene structures, evolution, and expression. *Free Radic Biol Med* 2002;33(3):337-349. DOI: 10.1016/s0891-5849(02)00905-x. PMID: 12126755.

<https://pubmed.ncbi.nlm.nih.gov/12126755/>

Enzyme Complexes: Glutathione Peroxidase (GPx)

Mechanistic evidence - endogenous enzymes

Redox and cellular protection mechanisms; not trials of this oral enzyme preparation.

References

1. Lubos E, Loscalzo J, Handy DE. Glutathione peroxidase-1 in health and disease: from molecular mechanisms to therapeutic opportunities. *Antioxid Redox Signal* 2011;15(7):1957-1997. DOI: 10.1089/ars.2010.3586. PMID: 21087145.

<https://pubmed.ncbi.nlm.nih.gov/21087145/>

2. Brigelius-Flohé R, Maiorino M. Glutathione peroxidases. *Biochim Biophys Acta* 2013;1830(5):3289-3303. DOI: 10.1016/j.bbagen.2012.11.020. PMID: 23201771.

<https://pubmed.ncbi.nlm.nih.gov/23201771/>

Enzyme Complexes: Glutathione Reductase (GR)

Mechanistic/framework evidence

The review covers regeneration of glutathione through glutathione reductase and redox homeostasis during aging. It does not test supplemental GR.

References

1. Lapenna D. Glutathione and glutathione-dependent enzymes: From biochemistry to gerontology and successful aging. *Ageing Res Rev* 2023;92:102066. DOI: 10.1016/j.arr.2023.102066. PMID: 37683986.

<https://pubmed.ncbi.nlm.nih.gov/37683986/>

Enzyme Complexes: Glutathione Transferase (GST)

Mechanistic evidence - enzyme family

Endogenous detoxification and signaling functions; oral delivery in the finished product was not studied.

References

1. Hayes JD, Flanagan JU, Jowsey IR. Glutathione transferases. *Annu Rev Pharmacol Toxicol* 2005;45:51-88. DOI: 10.1146/annurev.pharmtox.45.120403.095857. PMID: 15822171.

<https://pubmed.ncbi.nlm.nih.gov/15822171/>

Enzyme Complexes: Adenosine Triphosphate (ATP)

Direct ingredient evidence - oral human trial

This randomized trial found that oral ATP was not systemically bioavailable under the tested conditions. ATP is an energy metabolite, rather than an enzyme.

References

1. Arts IC, Coolen EJ, Bours MJ, et al. Adenosine 5'-triphosphate (ATP) supplements are not orally bioavailable: a randomized, placebo-controlled cross-over trial in healthy humans. *J Int Soc Sports Nutr* 2012;9(1):16. DOI: 10.1186/1550-2783-9-16. PMID: 22510240.

<https://pubmed.ncbi.nlm.nih.gov/22510240/>

Other Actives: Nicotinamide Adenine Dinucleotide (NAD)

Direct molecule/mechanistic evidence - reviews

NAD is the standard abbreviation for nicotinamide adenine dinucleotide. Endogenous NAD biology and evidence for its precursors must not be presented as equivalent to oral NAD efficacy.

References

1. Verdin E. NAD+ in aging, metabolism, and neurodegeneration. *Science* 2015;350(6265):1208-1213. DOI: 10.1126/science.aac4854. PMID: 26785480.

<https://pubmed.ncbi.nlm.nih.gov/26785480/>

2. Bhasin S, Seals D, Migaud M, et al. Nicotinamide Adenine Dinucleotide in Aging Biology: Potential Applications and Many Unknowns. *Endocr Rev* 2023;44(6):1047-1073. DOI: 10.1210/endrev/bnad019. PMID: 37364580.

<https://pubmed.ncbi.nlm.nih.gov/37364580/>

Other Actives: Phosphatidylserine

Direct ingredient review; combination-preparation trial

The randomized trial studied phosphatidylserine containing omega-3 fatty acids; its results cannot be assigned to phosphatidylserine alone or this formula.



References

1. Glade MJ, Smith K. Phosphatidylserine and the human brain. *Nutrition* 2015;31(6):781-786. DOI: 10.1016/j.nut.2014.10.014. PMID: 25933483.

<https://pubmed.ncbi.nlm.nih.gov/25933483/>

2. Vakhapova V, Cohen T, Richter Y, et al. Phosphatidylserine containing omega-3 fatty acids may improve memory abilities in non-demented elderly with memory complaints: a double-blind placebo-controlled trial. *Dement Geriatr Cogn Disord* 2010;29(5):467-474. DOI: 10.1159/000310330. PMID: 20523044.

<https://pubmed.ncbi.nlm.nih.gov/20523044/>

Other Actives: Propionyl Arginate

Related-compound evidence only - chemical identity unresolved

The exact chemical identity of Propionyl Arginate has not been verified. The following papers study glycine propionyl-L-carnitine and acetyl-L-carnitine arginate, respectively. Neither is Propionyl Arginate. They are comparison literature only, not direct evidence or confirmation of chemical equivalence.

References

1. Bloomer RJ, Tschume LC, Smith WA. Glycine propionyl-L-carnitine modulates lipid peroxidation and nitric oxide in human subjects. *Int J Vitam Nutr Res* 2009;79(3):131-141. DOI: 10.1024/0300-9831.79.3.131. PMID: 20209464.

<https://pubmed.ncbi.nlm.nih.gov/20209464/>

2. Bloomer RJ, Fisher-Wellman KH, Tucker PS. Effect of oral acetyl L-carnitine arginate on resting and postprandial blood biomarkers in pre-diabetics. *Nutr Metab (Lond)* 2009;6:25. DOI: 10.1186/1743-7075-6-25. PMID: 19490608.

<https://pubmed.ncbi.nlm.nih.gov/19490608/>

Other Actives: Riboflavin (Vitamin B2)

Direct nutrient evidence - review

Vitamin biology and nutritional status; not proof of an anti-aging effect of the finished formula.

References

1. Powers HJ. Riboflavin (vitamin B-2) and health. *Am J Clin Nutr* 2003;77(6):1352-1360. DOI: 10.1093/ajcn/77.6.1352. PMID: 12791609.

<https://pubmed.ncbi.nlm.nih.gov/12791609/>

Other Actives: Thiamine (Vitamin B1)

Direct nutrient/mechanistic evidence - review

Thiamine function, energy metabolism and transport.

References

1. Manzetti S, Zhang J, van der Spoel D. Thiamin function, metabolism, uptake, and transport. *Biochemistry* 2014;53(5):821-835. DOI: 10.1021/bi401618y. PMID: 24460461.

<https://pubmed.ncbi.nlm.nih.gov/24460461/>

Other Actives: Niacin (Vitamin B3)

Direct nutrient/mechanistic evidence - reviews

Nicotinic acid, nicotinamide and nicotinamide riboside are distinct molecules. Their data do not identify the exact niacin form or dose in this product.

References

1. Bogan KL, Brenner C. Nicotinic acid, nicotinamide, and nicotinamide riboside: a molecular evaluation of NAD+ precursor vitamins in human nutrition. *Annu Rev Nutr* 2008;28:115-130. DOI: 10.1146/annurev.nutr.28.061807.155443. PMID: 18429699.

<https://pubmed.ncbi.nlm.nih.gov/18429699/>

2. Sauve AA. NAD+ and vitamin B3: from metabolism to therapies. *J Pharmacol Exp Ther* 2008;324(3):883-893. DOI: 10.1124/jpet.107.120758. PMID: 18165311.

<https://pubmed.ncbi.nlm.nih.gov/18165311/>

Other Actives: Hypericin

Direct molecule evidence - pharmacological reviews

These reviews concern hypericin, not a whole St. John's wort extract. Mechanistic and experimental anticancer work does not establish an oncology indication for this formula.

References

1. Peng Z, Lu J, Liu K, et al. Hypericin as a promising natural bioactive naphthodianthrone: A review of its pharmacology, pharmacokinetics, toxicity, and safety. *Phytother Res* 2023;37(12):5639-5656. DOI: 10.1002/ptr.8011. PMID: 37690821.

<https://pubmed.ncbi.nlm.nih.gov/37690821/>

2. Choudhary N, Collignon TE, Tewari D, et al. Hypericin and its anticancer effects: From mechanism of action to potential therapeutic application. *Phytomedicine* 2022;105:154356. DOI: 10.1016/j.phymed.2022.154356. PMID: 35985181.

<https://pubmed.ncbi.nlm.nih.gov/35985181/>

Other Actives: Vinpocetine

Direct ingredient evidence - review

Pharmacology and clinical context; evidence is not specific to Human UltraCell VII.

References

1. Zhang YS, Li JD, Yan C. An update on vinpocetine: New discoveries and clinical implications. *Eur J Pharmacol* 2018;819:30-34. DOI: 10.1016/j.ejphar.2017.11.041. PMID: 29183836.

<https://pubmed.ncbi.nlm.nih.gov/29183836/>

Other Actives: Pregnenolone

Direct ingredient evidence - review and human trial

The human trial concerned schizophrenia and a defined pregnenolone regimen; it is not evidence for general anti-aging or this combination product.

References

1. Vallé e M. Neurosteroids and potential therapeutics: Focus on pregnenolone. *J Steroid Biochem Mol Biol* 2016;160:78-87. DOI: 10.1016/j.jsbmb.2015.09.030. PMID: 26433186.

<https://pubmed.ncbi.nlm.nih.gov/26433186/>

2. Marx CE, Lee J, Subramaniam M, et al. Proof-of-concept randomized controlled trial of pregnenolone in schizophrenia. *Psychopharmacology (Berl)* 2014;231(17):3647-3662. DOI: 10.1007/s00213-014-3673-4. PMID: 25030803.

<https://pubmed.ncbi.nlm.nih.gov/25030803/>

Other Actives: Coenzyme Q10

Direct ingredient evidence - review

Mitochondrial bioenergetics and supplementation literature. Effects depend on formulation and clinical setting.

References

1. Hernández-Camacho JD, Bernier M, López-Lluch G, et al. Coenzyme Q10 Supplementation in Aging and Disease. *Front Physiol* 2018;9:44. DOI: 10.3389/fphys.2018.00044. PMID: 29459830.

<https://pubmed.ncbi.nlm.nih.gov/29459830/>

Other Actives: Coenzyme A

Direct molecule/mechanistic evidence - reviews

CoA biosynthesis and cellular metabolism; the papers do not establish benefits of oral CoA in this formula.

References

1. Barritt SA, DuBois-Coyne SE, Dibble CC. Coenzyme A biosynthesis: mechanisms of regulation, function and disease. *Nat Metab* 2024;6(6):1008-1023. DOI: 10.1038/s42255-024-01059-y. PMID: 38871981.

<https://pubmed.ncbi.nlm.nih.gov/38871981/>

2. Xie J, Chen X, Zheng M, et al. The Metabolism of Coenzyme A and Its Derivatives Plays a Crucial Role in Diseases. *Front Biosci*

(Landmark Ed) 2024;29(4):143. DOI: 10.31083/j.fbl2904143. PMID: 38682186.

<https://pubmed.ncbi.nlm.nih.gov/38682186/>

Tissue-Specific Peptide Bioregulators

Mechanistic/framework evidence - shared reference block

These publications provide a framework for peptide signaling, differentiation and aging. They are not direct clinical studies of every named commercial extract below.

References

1. Khavinson VKh. Peptides and Ageing. *Neuro Endocrinol Lett* 2002;23 Suppl 3:11-144. PMID: 12374906.

<https://pubmed.ncbi.nlm.nih.gov/12374906/>

2. Anisimov VN, Khavinson VKh. Peptide bioregulation of aging: results and prospects. *Biogerontology* 2010;11(2):139-149. DOI: 10.1007/s10522-009-9249-8. PMID: 19830585.

<https://pubmed.ncbi.nlm.nih.gov/19830585/>

3. Khavinson VK, Lin'kova NS, Tarnovskaya SI. Short Peptides Regulate Gene Expression. *Bull Exp Biol Med* 2016;162(2):288-292. DOI: 10.1007/s10517-016-3596-7. PMID: 27909961.

<https://pubmed.ncbi.nlm.nih.gov/27909961/>

4. Khavinson VK, Popovich IG, Linkova NS, et al. Peptide Regulation of Gene Expression: A Systematic Review. *Molecules* 2021;26(22):7053. DOI: 10.3390/molecules26227053. PMID: 34834147.

<https://pubmed.ncbi.nlm.nih.gov/34834147/>

5. Khavinson V, Linkova N, Diatlova A, et al. Peptide Regulation of Cell Differentiation. *Stem Cell Rev Rep* 2020;16(1):118-125. DOI: 10.1007/s12015-019-09938-8. PMID: 31808038.

<https://pubmed.ncbi.nlm.nih.gov/31808038/>

Opotheapeutic Extracts: Placenta / Peptide Extracts:

Class/organ evidence - different placental preparations

Extraction method, tissue origin and composition materially affect placental extracts. The review does not identify or study Placenton, or the placental preparation in this formula.

References

1. Alimu Y, Yamamoto T, Nakahata Y. Biological effects of human placental extracts - variations in manufacturing methods and compositions. *Front Pharmacol* 2025;16:1707890. DOI: 10.3389/fphar.2025.1707890. PMID: 41451368.

<https://pubmed.ncbi.nlm.nih.gov/41451368/>



Opothherapeutic Extracts: Thymus / Peptide Extracts: Thymalin

Direct preparation evidence for Thymalin; class evidence for thymus extract

Thymalin is explicitly named in the human hematopoietic stem-cell differentiation study. This is experimental cellular evidence, not a trial of the finished oral product.

References

1. Morozov VG, Khavinson VK. Natural and synthetic thymic peptides as therapeutics for immune dysfunction. *Int J Immunopharmacol* 1997;19(9-10):501-505. DOI: 10.1016/s0192-0561(97)00058-1. PMID: 9637345.

<https://pubmed.ncbi.nlm.nih.gov/9637345/>

2. Khavinson VK, Linkova NS, Kvetnoy IM, et al. Thymalin: Activation of Differentiation of Human Hematopoietic Stem Cells. *Bull Exp Biol Med* 2020;170(1):118-122. DOI: 10.1007/s10517-020-05016-z. PMID: 33237528.

<https://pubmed.ncbi.nlm.nih.gov/33237528/>

Opothherapeutic Extracts: Embryo / Peptide Extracts: Embryon

Mechanistic/framework evidence only

No verified direct peer-reviewed study of the named Embryon preparation was identified in this reference set. Embryonic tissue differentiation in experimental models is not evidence that an oral embryo extract regenerates human tissues.

References

1. Lin'kova NS, Trofimov AV, Dudkov AV. Peptides from the pituitary gland and cortex stimulate differentiation of polypotent embryonic tissue. *Bull Exp Biol Med* 2011;151(4):530-531. DOI: 10.1007/s10517-011-1373-1. PMID: 22448383.

<https://pubmed.ncbi.nlm.nih.gov/22448383/>

2. Khavinson V, Linkova N, Diatlova A, et al. Peptide Regulation of Cell Differentiation. *Stem Cell Rev Rep* 2020;16(1):118-125. DOI: 10.1007/s12015-019-09938-8. PMID: 31808038.

<https://pubmed.ncbi.nlm.nih.gov/31808038/>

Opothherapeutic Extracts: Pancreas / Peptide Extracts: Suprefort

Class/organ evidence - Pancragen, not Suprefort

Pancragen is a defined synthetic tetrapeptide. Studies in aged rhesus monkeys and cell cultures support pancreatic peptide research, but do not test Suprefort or the opothherapeutic pancreatic extract.

References

1. Goncharova ND, Ivanova LG, Oganian TE, et al. [Impact of tetrapeptide pancragen on endocrine function of the pancreas in old monkeys]. *Adv Gerontol* 2014;27(4):662-667. PMID: 25946840.

<https://pubmed.ncbi.nlm.nih.gov/25946840/>

2. Khavinson VKh, Linkova NS, Polyakova VO, et al. Peptides tissue-specifically stimulate cell differentiation during their aging. *Bull Exp Biol Med* 2012;153(1):148-151. DOI: 10.1007/s10517-012-1664-1. PMID: 22808515.

<https://pubmed.ncbi.nlm.nih.gov/22808515/>

Opothherapeutic Extracts: Kidney / Peptide Extracts: Pielotax

Mechanistic/framework evidence only

No verified direct peer-reviewed Pielotax study is included. General tissue-specific peptide literature is background only and does not establish kidney-extract or Pielotax clinical efficacy.

References

1. Khavinson VKh. Peptides and Ageing. *Neuro Endocrinol Lett* 2002;23 Suppl 3:11-144. PMID: 12374906.

<https://pubmed.ncbi.nlm.nih.gov/12374906/>

2. Anisimov VN, Khavinson VKh. Peptide bioregulation of aging: results and prospects. *Biogerontology* 2010;11(2):139-149. DOI: 10.1007/s10522-009-9249-8. PMID: 19830585.

<https://pubmed.ncbi.nlm.nih.gov/19830585/>

Opothherapeutic Extracts: Adrenal / Peptide Extracts: Glandokort

Mechanistic/framework evidence only

No verified direct peer-reviewed Glandokort trial is included. General endocrine and peptide regulation literature must not be presented as a clinical study of Glandokort or the adrenal extract.

References

1. Khavinson VK, Popovich IG, Linkova NS, et al. Peptide Regulation of Gene Expression: A Systematic Review. *Molecules* 2021;26(22):7053. DOI: 10.3390/molecules26227053. PMID: 34834147.

<https://pubmed.ncbi.nlm.nih.gov/34834147/>

Opothherapeutic Extracts: Thyroid

Class/organ evidence - desiccated thyroid, different preparation

The trial studied desiccated thyroid extract in hypothyroidism, compared with levothyroxine. The hormone content and preparation are not established as equivalent to this formula's thyroid extract.

References

1. Hoang TD, Olsen CH, Mai VQ, et al. Desiccated thyroid extract compared with levothyroxine in the treatment of hypothyroidism: a randomized, double-blind, crossover study. *J Clin Endocrinol Metab* 2013;98(5):1982-1990. DOI: 10.1210/jc.2012-4107. PMID: 23539727.

<https://pubmed.ncbi.nlm.nih.gov/23539727/>



Opothherapeutic Extracts: Bone / Peptide Extracts: Osteogen

Class/mechanistic evidence - osteogenic differentiation

The reviews discuss defined differentiation peptides, not the Osteogen preparation. Studies of hydroxyapatite grafts sharing the name Osteogen are excluded.

References

1. Khavinson V, Linkova N, Diatlova A, et al. Peptide Regulation of Cell Differentiation. *Stem Cell Rev Rep* 2020;16(1):118-125. DOI: 10.1007/s12015-019-09938-8. PMID: 31808038.
<https://pubmed.ncbi.nlm.nih.gov/31808038/>
2. Linkova N, Khavinson V, Diatlova A, et al. Peptide Regulation of Chondrogenic Stem Cell Differentiation. *Int J Mol Sci* 2023;24(9):8415. DOI: 10.3390/ijms24098415. PMID: 37176122.
<https://pubmed.ncbi.nlm.nih.gov/37176122/>

Peptide Extracts: Bonomarlot

Class/organ evidence - bone-marrow regulatory peptides

Myeloepitopes are different preparations. No direct Bonomarlot study is established by these references.

References

1. Petrov RV, Mikhailova AA, Fonina LA. Myeloepitopes: bone marrow regulatory mediators. *Biosci Rep* 1995;15(1):1-14. DOI: 10.1007/bf01200210. PMID: 7647288.
<https://pubmed.ncbi.nlm.nih.gov/7647288/>
2. Khavinson V, Linkova N, Diatlova A, et al. Peptide Regulation of Cell Differentiation. *Stem Cell Rev Rep* 2020;16(1):118-125. DOI: 10.1007/s12015-019-09938-8. PMID: 31808038.
<https://pubmed.ncbi.nlm.nih.gov/31808038/>

Opothherapeutic Extracts: Skin and Muscle / Peptide Extracts: Mesenogen

Mechanistic/framework evidence only

Literature on epidermal and mesenchymal differentiation provides context. It does not directly test Mesenogen, skin extract or muscle extract in this formula.

References

1. Khavinson V, Linkova N, Diatlova A, et al. Peptide Regulation of Cell Differentiation. *Stem Cell Rev Rep* 2020;16(1):118-125. DOI: 10.1007/s12015-019-09938-8. PMID: 31808038.
<https://pubmed.ncbi.nlm.nih.gov/31808038/>
2. Lin'kova NS, Trofimov AV, Dudkov AV. Peptides from the pituitary gland and cortex stimulate differentiation of polypotent embryonic tissue. *Bull Exp Biol Med* 2011;151(4):530-531. DOI: 10.1007/s10517-011-1373-1. PMID: 22448383.
<https://pubmed.ncbi.nlm.nih.gov/22448383/>

Opothherapeutic Extracts: Pituitary / Peptide Extracts: Pitulon

Class/organ evidence - synthetic pituitary peptides

The experimental paper studies synthetic pituitary and cortical peptides in *Xenopus* tissue. Pitulon and the opothherapeutic pituitary extract are not identified as equivalent preparations.

References

1. Lin'kova NS, Trofimov AV, Dudkov AV. Peptides from the pituitary gland and cortex stimulate differentiation of polypotent embryonic tissue. *Bull Exp Biol Med* 2011;151(4):530-531. DOI: 10.1007/s10517-011-1373-1. PMID: 22448383.
<https://pubmed.ncbi.nlm.nih.gov/22448383/>

Opothherapeutic Extracts: Brain / Peptide Extracts: Pinealon

Direct Pinealon evidence - experimental; class evidence for brain extract

Pinealon is explicitly named in the cell-viability study. This is preclinical evidence and does not test the brain extract or the finished oral combination.

References

1. Khavinson V, Ribakova Y, Kulebiakin K, et al. Pinealon increases cell viability by suppression of free radical levels and activating proliferative processes. *Rejuvenation Res* 2011;14(5):535-541. DOI: 10.1089/rej.2011.1172. PMID: 21978084.
<https://pubmed.ncbi.nlm.nih.gov/21978084/>
2. Khavinson V, Linkova N, Diatlova A, et al. Peptide Regulation of Cell Differentiation. *Stem Cell Rev Rep* 2020;16(1):118-125. DOI: 10.1007/s12015-019-09938-8. PMID: 31808038.
<https://pubmed.ncbi.nlm.nih.gov/31808038/>

Opothherapeutic Extracts: Heart / Peptide Extracts: Chelohart

Class/organ and mechanistic evidence - different preparations

Recosen and cardiovascular peptide-regulation research provide context. Neither publication is a direct clinical trial of Chelohart or this cardiac extract.

References

1. Fitzgerald D. Mammalian tissue extracts used to treat cardiovascular disease as exemplified by Recosen. *Future Cardiol* 2016;12(1):27-33. DOI: 10.2217/fca.15.74. PMID: 26696560.
<https://pubmed.ncbi.nlm.nih.gov/26696560/>
2. Khavinson V, Linkova N, Dyatlova A, et al. Senescence-Associated Secretory Phenotype of Cardiovascular System Cells and Inflammation: Perspectives of Peptide Regulation. *Cells* 2022;12(1):106. DOI: 10.3390/cells12010106. PMID: 36611900.
<https://pubmed.ncbi.nlm.nih.gov/36611900/>



Opotherapeutic Extracts: Ovary / Peptide Extracts: Ovagen

Mechanistic/framework evidence only - no direct preparation study

Ovagen is preserved exactly as supplied for Formula 7. No verified peer-reviewed study of this ovarian peptide preparation was identified. Search results for ovine follicle-stimulating hormone products named Ovagen are different products and are excluded.

References

1. Khavinson VKh. Peptides and Ageing. *Neuro Endocrinol Lett* 2002;23 Suppl 3:11-144. PMID: 12374906.

<https://pubmed.ncbi.nlm.nih.gov/12374906/>

2. Khavinson VK, Popovich IG, Linkova NS, et al. Peptide Regulation of Gene Expression: A Systematic Review. *Molecules* 2021;26(22):7053. DOI: 10.3390/molecules26227053. PMID: 34834147.

<https://pubmed.ncbi.nlm.nih.gov/34834147/>

Opotherapeutic Extracts: Uterus / Peptide Extracts: Uterogen

Mechanistic/framework evidence only - no direct preparation study

Uterogen is preserved exactly as supplied for Formula 7. No verified direct peer-reviewed study is included. General peptide-regulation literature does not establish uterine-extract or Uterogen efficacy.

References

1. Khavinson VKh. Peptides and Ageing. *Neuro Endocrinol Lett* 2002;23 Suppl 3:11-144. PMID: 12374906.

<https://pubmed.ncbi.nlm.nih.gov/12374906/>

2. Khavinson V, Linkova N, Diatlova A, et al. Peptide Regulation of Cell Differentiation. *Stem Cell Rev Rep* 2020;16(1):118-125. DOI: 10.1007/s12015-019-09938-8. PMID: 31808038.

<https://pubmed.ncbi.nlm.nih.gov/31808038/>

Stabilizers and Excipients

No ingredient-specific references assigned

Individual excipients, concentrations and specifications were not supplied, so no ingredient-specific scientific references are assigned to this group.

Result Observational Studies

Human Ultracell VII Man - Regenerative Therapy

Results of observational studies for the indication of the treatment of the following medical parameters.

Preventive therapeutic action in patients with some genetic predisposition.

The therapeutic action as a primary treatment in patients with degenerative diseases that for several years were treated with conventional medicine and the expected results are not observed.

The therapeutic action as an adjuvant or reinforcement in the chaos of various pathologies combined with traditional allopathic medicines.

Cirrhosis and encephalopathy

Patients with cirrhosis and hepatic encephalopathy progressed from severe to moderate symptoms.

Physical and emotional stability

Physical and emotional improvement, mental agility and increased body power in 92% of patients observed.

Positive therapeutic effect

52% of positive effects during the first month of treatment and 84% during the second month.

Effectiveness of treatment

A high percentage of responses gave a better or definitely better result than conventional treatments.

Adjuvant Action

Report with the use of Human Ultracell VI of faster effects as an adjuvant versus the use of conventional treatment alone.

Patient reports

90% of patients treated with Human Ultracell VI reported improvement in treated symptoms.

