

Salovum

- Antisecretory factor as add-on treatment for newly diagnosed glioblastoma, IDH wildtype: study protocol for a randomized double-blind placebo-controlled trial
- Antisecretory factor for treatment of peritumoral edema in glioblastoma patients
- Antisecretory factor in severe traumatic brain injury (AFISTBI): protocol for an exploratory randomized placebo-controlled trial
- Antisecretory factor is safe to use as add-on treatment in newly diagnosed glioblastoma
- Effect of antisecretory factor, given as a food supplement to adult patients with severe traumatic brain injury (SASAT): protocol for an exploratory randomized double blind placebo-controlled trial
- Elevated intracranial pressure after head trauma can be suppressed by antisecretory factor-a pilot study
- Antisecretory Factor May Reduce ICP in Severe TBI-A Case Series
- Antisecretory factor (AF) exerts no effects on intracranial pressure (ICP) waves and ICP in patients with idiopathic normal pressure hydrocephalus and idiopathic intracranial hypertension

Salovum is a special **medical food** containing high levels of **antisecretory factor protein**.

Salovum is used in the dietary treatment of diarrhea, particularly in inflammatory bowel diseases such as **ulcerative colitis and Crohn's disease**.

Composition and Usage

Salovum consists of **dehydrated egg yolk powder**, obtained from hens fed a special diet that enhances the production of **antisecretory factor (AF)** in their eggs. It contains **no additives**.

- The usual **dose** is **4 grams, three times a day**, until the desired effect is achieved. - It can be mixed into **cold liquids** such as water or fruit juice, or incorporated into **foods** like sandwiches or egg-containing dishes.

Precautions

- **No reported side effects** or **interactions** with other foods or medications. - **Should not replace** or alter any current diet or medication without consulting a **doctor or dietitian**. - **Not suitable for individuals allergic to eggs**.

([lantmannenfunctionalfoods.com])(https://www.lantmannenfunctionalfoods.com/functional-foods/salovum/?utm_source=chatgpt.com))

Availability

- **Sold in approximately ten countries.** - **Prescribed by doctors and dietitians** in some countries like Sweden and Norway. - **For local availability**, it is recommended to contact a local distributor or the manufacturer.

Important: Salovum should be used **under medical supervision**, particularly in cases of **inflammatory bowel diseases** or related conditions.

The present study aimed to assess whether AF normalized the abnormal ICP waves, indicative of impaired intracranial compliance, seen in patients with idiopathic normal pressure hydrocephalus (iNPH) and idiopathic intracranial hypertension (IIH). The hypothesis was that brain swelling contributes to the abnormal ICP waves.

Methods: The study enrolled patients undergoing diagnostic ICP wave monitoring for either iNPH or IIH. The ICP waves and ICP were recorded continuously before and after oral administration of Salovum® (0.5 g/kg body weight/day divided by three doses), a freeze-dried egg yolk enriched in AF activity. Mean ICP wave amplitude (MWA), mean ICP wave rise time coefficient (MWRTC), and mean ICP were compared before and after Salovum® administration.

Results: A total of 10 iNPH patients and 8 IIH patients were included. No significant changes in the ICP wave indices or ICP were seen after Salovum® administration. Neither any significant time-dependent effect was observed.

Conclusion: The lack of effect of Salovum® on ICP wave indices and ICP in iNPH and IIH may provide indirect evidence that brain swelling does not play a crucial role in the ICP wave indices or ICP of these conditions ¹⁾.

Salovum for severe traumatic brain injury

[Salovum for severe traumatic brain injury.](#)

¹⁾

Eide PK, Eidsvaag VA, Hansson HA. Antisecretory factor (AF) exerts no effects on intracranial pressure (ICP) waves and ICP in patients with idiopathic normal pressure hydrocephalus and idiopathic intracranial hypertension. J Neurol Sci. 2014 Aug 15;343(1-2):132-7. doi: 10.1016/j.jns.2014.05.054. Epub 2014 Jun 2. PMID: 24928077.

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